MAXIMUS Federal Services

Case Number:	CM14-0137424		
Date Assigned:	09/05/2014	Date of Injury:	03/31/2006
Decision Date:	10/07/2014	UR Denial Date:	08/13/2014
Priority:	Standard	Application Received:	08/25/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in Illinois. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This injured worker is a 48 year old woman with a date of injury of March 31, 2006. She was injured due to repetitive movements of her shoulders, arms, back and legs required by her job. She would have headaches and pain in her neck, shoulders, arms, back, and legs. Her diagnoses include brachial plexopathy, shoulder adhesive capsulitis and fibromyalgia. She had counseling, physical therapy, chiropractic therapy, home exercises, and took medications. In May of 2013, she had electromyography testing which showed a delay in conduction velocity of the left ulnar compound muscle action potentials. An office note from July 31, 2014 states that her brachial plexopathy is being managed by intermittent scalene chemodenervation procedures under her private insurance, which has lapsed. She received 8 to 12 weeks of more than 70% pain improvement, function and range of motion with each procedure.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

1 left anterior scalene/pectoralis minor Botox chemodenervation under ultrasound guidance: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints Page(s): 174-175; 205. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174.

Decision rationale: The request is not medically necessary. Per the American College of Environmental and Occupational Medicine guidelines, invasive techniques (e.g. needle acupuncture and injection procedures, such as injection of trigger points, facet joints, corticosteroids, lidocaine, or opioids in the epidural pace) have no proven benefit in treating acute neck and upper back symptoms. In particular, injecting botulinum toxin (type A & B) has been shown to be effective in reducing pain and improving range of motion in cervical dystonia. While existing evidence shows injecting botulinum toxin to be safe, caution is needed due to the scarcity of high-quality studies. This injured worker has chronic musculoskeletal pain, which is not an indication for botulinum toxin injection. Therefore, this request is considered not medically necessary.