

<b>Case Number:</b>	CM14-0140769		
<b>Date Assigned:</b>	09/10/2014	<b>Date of Injury:</b>	04/22/2013
<b>Decision Date:</b>	10/14/2014	<b>UR Denial Date:</b>	08/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/30/2014

### 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 Physical Medicine and Rehabilitation and is licensed to practice in California. 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:

The injured worker is a 59-year-old female who reported an injury on 04/22/2013. The mechanism of injury was not submitted for clinical review. The diagnoses included neck sprain/strain, decreasing hearing in the right ear, headaches, dizziness, tinnitus, cervical strain, right shoulder strain, and rotator cuff diagnoses. The previous treatments included medication and 4 Botox injections. Within the clinical note dated 07/09/2014, it was reported the injured worker complained of episodic headaches. She complained of spasms in her neck. The injured worker reported having episodes of dizziness. Upon the physical examination, the provider noted the injured worker had unsteadiness and a mild positive Romberg's test. The injured worker had increased right shoulder pain with limited abduction and flexion. The injured worker had low back pain, cervical pain with right and left rotation. The provider noted the injured worker had right shoulder limited range of motion. The provider requested continuation of Botox injections. However, a rationale was not submitted for clinical review. Request for Authorization was not submitted for clinical review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Botox injection x 300 units to cervical:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back Chapter, Botulinum toxin

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Botulinum toxin (Botox; Myobloc) Page(s): 25-26.

**Decision rationale:** The decision for Botox injection x 300 units to cervical is not medically necessary. California MTUS Guidelines state that Botox injections are not recommended for chronic pain disorders, but recommended for cervical dystonia. Guidelines note the Botox injections are not recommended for tension type headaches, migraine headaches, fibromyositis, chronic neck pain, myofascial pain syndrome, and trigger point injections. The guidelines note that Botox injections are recommended for cervical dystonia. The clinical documentation submitted does not indicate the injured worker is treated for or diagnosed with cervical dystonia. There is lack of documentation indicating the efficacy of the previous Botox injections the injured worker has undergone. Therefore, the request is not medically necessary.