

Case Number:	CM14-0141375		
Date Assigned:	09/10/2014	Date of Injury:	04/06/1989
Decision Date:	10/10/2014	UR Denial Date:	08/18/2014
Priority:	Standard	Application Received:	09/02/2014

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, has a subspecialty in Pain Medicine 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 51-year-old male involved in a motor vehicle accident on 04/06/89. At that time he sustained head trauma resulting in coma. He also had femoral neck fracture. He had significant torticollis due to chronic muscle spasm in the neck. He complained of severe headache, rated at 8/10. On examination, the patient was confined to a wheelchair. His head was laterally bent to the right and thrust forward onto his upper body. Cervical spine exam revealed head deviates to the right. He had limited extension and lateral rotation. An magnetic resonance imaging of the cervical (C) spine done on 05/27/14 showed normal cervical lordosis with its apex at C5. There was degenerative change in the vertebral body endplates adjacent to the C6-7 and C5-6 disk spaces, a slight irregularity in the dense and possible panus formation behind the dens. There was no evidence of an acute fracture. He had a shoulder replacement on 05/01/13 and revision due to infection on 11/21/13. He also has a history of rotator cuff repair and appendectomy. He is on Fioricet and Oxycodone. Previous requests for Botox injections on 08/11/14, 08/15/14 and 08/18/14 were denied. Diagnoses include depressive disorder, myalgia and myositis unspecified and neck torticollis. The request for Botox injections to the cervical spine was denied due to lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Botox injections to the cervical spine: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Botulinum toxin (Botox: Myobloc).

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

Decision rationale: According to MTUS guidelines, Botulinum Toxin (Botox) is not generally recommended for chronic pain disorders, but recommended for cervical dystonia. "Cervical dystonia, a condition that is not generally related to workers' compensation injuries (also known as spasmodic torticollis), and is characterized as a movement disorder of the nuchal muscles, characterized by tremor or by tonic posturing of the head in a rotated, twisted, or abnormally flexed or extended position or some combination of these positions". However, in this unusual case, the IW has sustained brain injury and has been diagnosed with cervical dystonia due to muscle spasm causing abnormal neck posture. Therefore, the Botox injections into the cervical spine are considered medically necessary according to guidelines and available medical records.