

Case Number:	CM14-0145015		
Date Assigned:	09/12/2014	Date of Injury:	10/27/2009
Decision Date:	10/14/2014	UR Denial Date:	08/29/2014
Priority:	Standard	Application Received:	09/08/2014

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 Neurological Surgery 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:

According to the records made available for review, this is a 53-year-old female with a 10/27/09 date of injury. At the time (8/29/14) of Decision for Botox 100 units every 3 months, there is documentation of subjective (neck pain) and objective findings include limited range of motion of the head when turning to either side, tremor of the head with reversed head thrusting, and brisk reflexes on the left side with a positive Hoffman's sign. The current diagnoses are cervical dystonia with retrocolis. Treatment to date includes medications. There is no documentation of moderate or greater severity; clonic and/or tonic involuntary contractions of multiple neck muscles; sustained head torsion and/or tilt with limited range of motion in the neck; duration of the condition greater than 6 months; and that alternative causes of symptoms have been considered and ruled out (including chronic neuroleptic treatment, contractures, or other neuromuscular disorder).

IMR ISSUES, DECISIONS AND RATIONALES

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

Botox 100 units every 3 months: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Botulinum toxin (Botox, Myobloc) Page(s): 25-26.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Botulinum toxin (Botox; Myobloc) Page(s): 25-26. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back Chapter, Botulinum toxin (injection)

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of cervical dystonia, to support the medical necessity of Botox injections for the neck. Official Disability Guidelines (ODG) identifies documentation of cervical dystonia (spasmodic torticollis) and moderate or greater severity; clonic and/or tonic involuntary contractions of multiple neck muscles; sustained head torsion and/or tilt with limited range of motion in the neck; duration of the condition greater than 6 months; and that alternative causes of symptoms have been considered and ruled out (including chronic neuroleptic treatment, contractures, or other neuromuscular disorder), to support the medical necessity of Botox injections for the neck. Within the medical information available for review, there is documentation of a diagnosis of cervical dystonia with retrocolis. However, there is no documentation of moderate or greater severity; clonic and/or tonic involuntary contractions of multiple neck muscles; sustained head torsion and/or tilt with limited range of motion in the neck; duration of the condition greater than 6 months; and that alternative causes of symptoms have been considered and ruled out (including chronic neuroleptic treatment, contractures, or other neuromuscular disorder). Therefore, based on guidelines and a review of evidence, the request for Botox 100 units every 3 months is not medically necessary.