

Case Number:	CM14-0150357		
Date Assigned:	09/18/2014	Date of Injury:	11/08/2010
Decision Date:	10/17/2014	UR Denial Date:	08/14/2014
Priority:	Standard	Application Received:	09/15/2014

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 Texas. 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:

Medical records reflect the claimant is a 64 year old male who sustained a work injury on 11-8-10 as a result of significant carbon monoxide poisoning. The claimant reported vertigo and severe migraine headaches. He uses Meclizine, Clonazepam and Fioricet. Office visit on 7-31-14 notes neck pain, shoulder pain, sense of instability, daily headaches, tremors and muscle twitching.

IMR ISSUES, DECISIONS AND RATIONALES

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

Botox injection 100 units chemodenervation (into cervical paraspinal muscles): Upheld

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

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

Decision rationale: Chronic Pain Medical Treatment Guidelines notes that Botox is not generally recommended for chronic pain disorders, but recommended for cervical dystonia. It is further noticed that not recommended for the following: tension-type headache; migraine headache; fibromyositis; chronic neck pain; myofascial pain syndrome; & trigger point injections. It is also noted that Botox is recommended: 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. Based on the records provided, there is an absence in documentation noting this claimant has torticollis which is the indication for this type of injection. Therefore, the medical necessity of this request is not established.