MAXIMUS Federal Services

Case Number:	CM14-0151555		
Date Assigned:	09/19/2014	Date of Injury:	04/02/2006
Decision Date:	10/17/2014	UR Denial Date:	08/26/2014
Priority:	Standard	Application Received:	09/10/2014

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 Neuromuscular Medicine and is licensed to practice in Maryland. 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 patient is a 57 year old male with a work related injury dated 4/2/06 the diagnoses include status post laminectomy and decompression with instrumentation cervical spine, August 1, 2006; status post repeat cervical intervention, August 2,2006 secondary to post-operative weakness; C5 tetraplegia ASIA D, possible Brown Sequard; neurogenic bladder; neurogenic bowel; spasticity, interfering with function; pain. Under consideration is a request for Botox injections 200 units, cervical dystonia/torticollis. Per an 8/7/14 progress note the patient is experiencing tightness in his neck that radiates to his upper back, limiting cervical spine range of motion (ROM) and retracting bilateral upper extremities, worse in the morning. He has tried Baclofen and Soma without significant benefit and has been referred for possible Botox treatment. The patient previously underwent Botox injection on 06/26/14 for cervical dystonia and spasticity. He reports no complications and noticed at least 25% improvement. Current medications include Baclofen, Soma, and Hydrocodone. The physical examination revealed improved but decreased ROM in all planes of the cervical spine but especially with neck extension and bilateral lateral bending. Left rotation is improved to about 30 degrees compared to 45 degrees to right. There are significant spasms palpated in bilateral paracervical spinals and upper traps but a bit less. There are spasms over rhomboids major/minor and levator scapulae limiting shoulder ROM. The treatment plan was to repeat Botox injections to same muscles with addition of left rhomboids major/minor and Levator scapula. There was a 3/4/12 progress note that states that the patient was reportedly hit in neck and shoulder with immediate pain and discomfort. Patient reportedly failed conservative management and reports he underwent initial cervical surgical intervention, August 1, 2006. He reports that he then had a second procedure. August 2. 2006, after he developed post-operative weakness. Records state that the original

intervention was laminectomy and decompression with instrumentation. The patient states that his spasticity and pain are about the same. But using stretching, aquatics and exercise in addition to medication He completed PT session with outpatient and using the exercises in home program, spasticity barrier primarily in am. His tone in the left lower extremity and right/lower extremity 1 +. His muscle strength was decreased below C5. Pin prick impaired on right as compared to left. The treatment plan states that the patient will continue with current medications, fitness and stretching. Left neck pain is better, if returns then may need to reassess for Botox.

IMR ISSUES, DECISIONS AND RATIONALES

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

Botox Injections 200 units, cervical dystonia/torticollis: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back Chapter, Botulinum toxin (injection)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck: Botulinum toxin (injection)

Decision rationale: Botox Injections 200 units, Cervical dystonia/torticollis is not medically necessary per the ODG Guidelines. The MTUS Chronic Pain Medical Treatment Guidelines do not address the issue. The ODG guidelines states that the criteria for use in Cervical dystonia (spasmodic torticollis) include clonic and/or tonic involuntary contractions of multiple neck muscles (e.g., sternocleidomastoid, splenius, trapezius and/or posterior cervical muscles) with sustained head torsion and/or tilt with limited range of motion in the neck; with a 6 month duration and alternative causes of symptoms have been considered and ruled out, including chronic neuroleptic treatment, contractures, or other neuromuscular disorders. The documentation does not describe clonic and/or tonic involuntary contractions of the neck with sustained head torsion/tilt. The documentation indicates that the patient has had a prior injection of Botox for the neck but there is no documentation on how the duration of benefit was. Without this information additional Botox cannot be recommended and the request for Botox Injections 200 units, cervical dystonia/torticollis is not medically necessary.