

<b>Case Number:</b>	CM14-0179979		
<b>Date Assigned:</b>	11/05/2014	<b>Date of Injury:</b>	10/13/2010
<b>Decision Date:</b>	12/09/2014	<b>UR Denial Date:</b>	10/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/29/2014

### 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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Georgia. 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 54 year old male presenting with work related injury on 10/13/2010. On 06/13/14, the patient complained of cervical pain radiating to the right shoulder and right upper extremity. The neck pain was associated with headaches. According to the medical records the patient is working with modified duties. The patient had bilateral cervical paraspinous trigger point injections and bilateral greater occipital nerve blocks under ultrasound. The patient reported 50% reduction pain and improved cervical range of motion for 9 weeks following the injections. The physical exam showed patient sitting with head-forward position of 3-4 fingerbreadths, mild discomfort with range of motion of the cervical spine, limited range of motion of the cervical spine was limited in all planes, tenderness to palpation over the upper cervical spine and occipital ridge with reproduction of her headache, dramatic myofascial spasm with myofascial trigger points, right greater than left, with spasm in the cervical paraspinous, splenius capitus, trapezius, rhomboid and levator scapulae musculature, with twitch response and referral pattern, pain in the right with abduction, diminished grip strength in the right hand as compared to the left. The patient was diagnosed with acquired cervical torsion dystonia, myospasm, and myofascial trigger points with twitch response and referral pattern, cervicogenic headaches with occipital neuralgia, cervical herniated nucleus pulposus with radicular symptoms, internal derangement, right shoulder, status-post surgery and internal derangement, right elbow, status-post surgery.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Botox injections for cervical dystonia:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Botox Page(s): 26. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Extremity Complaints, Treatment Considerations

**Decision rationale:** Botox injections for cervical dystonia are not medically necessary. Per CA MTUS page 26, Botox is recommended for the treatment of cervical dystonia and/or chronic low back pain in conjunction with a functional restoration program. The physical exam and diagnosis is consistent with cervical dystonia; however, the patient had prior injection which provided a 50% reduction in her pain. Additionally, the provider noted on 06/13/2014 that the patient continued to demonstrate improved function. A request was made for repeat injection; the request was made without pairing of a functional restoration program. Additionally, the patient continued to benefit from the previous injection; therefore, the requested service is not medically necessary.