

Case Number:	CM14-0184899		
Date Assigned:	11/12/2014	Date of Injury:	10/05/2012
Decision Date:	12/19/2014	UR Denial Date:	10/24/2014
Priority:	Standard	Application Received:	11/06/2014

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 Occupational 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic neck pain reportedly associated with an industrial injury of October 5, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; unspecified amounts of physical therapy; and trigger point injections. In a Utilization Review Report dated October 24, 2014, the claims administrator denied a request for Botox injection to the cervical spine. The claims administrator stated that its decision was based on an October 3, 2014 Request for Authorization (RFA). The claims administrator stated that the applicant did not have a bona fide cervical dystonia for which trigger point injections would be indicated. The applicant's attorney subsequently appealed. In a September 27, 2013 progress note, the applicant reported ongoing complaints of neck pain, shoulder pain, depression, arm pain, and headaches. The applicant was given prescriptions for tramadol and Flexeril. Trigger point injections and acupuncture were sought. A 10-pound lifting limitation was endorsed. It did not appear that the applicant was working with said limitation in place. The applicant did apparently receive trigger point injections on an office visit of October 30, 2014. The applicant's work restrictions were reportedly "unchanged." It did not appear the applicant was working, although this was not clearly stated. In a May 27, 2014 office visit, the applicant was given diagnoses of neck pain, chronic pain syndrome, myofascial pain syndrome, and cervical degenerative disk disease. Trigger point injections were sought. Botox injections were endorsed in an effort to reduce medication consumption. The applicant's medication list was not, however, stated. On August 1, 2014, the attending provider again sought authorization for Botox injection, citing ongoing complaints of neck and upper extremity pain. The applicant had palpable tender points about the cervical spine. The applicant reportedly had issues with cervical dystonia superimposed on issues with myofascial trigger points, the attending provider

noted. Tramadol, Protonix, and Flexeril were renewed. On October 3, 2014, the attending provider reiterated his request for previously denied Botox injections. Tramadol, Senna, Protonix, and Flexeril were endorsed. The attending provider noted that the applicant had some tenderness about the cervical paraspinal musculature with limited cervical range of motion. The attending provider stated that the applicant was benefitting from medications. The applicant's work status was not clearly stated. The attending provider stated on this occasion that the applicant carried diagnoses of 'other chronic pain syndrome,' unspecified neuralgia, neuritis, radiculitis, and myofascial pain syndrome.

IMR ISSUES, DECISIONS AND RATIONALES

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

Botox injection for the cervical spine, one unit: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: As noted on page 26 of the MTUS Chronic Pain Medical Treatment Guidelines, Botox injections are not recommended for chronic neck pain and/or myofascial pain syndrome, the two primary diagnoses seemingly present here. The applicant has been given numerous sets of trigger point injections over the course of the claim, implying that myofascial pain syndrome is, in fact, the primary operating diagnosis here. On other occasions, the attending provider stated that the applicant has elements of cervical radiculitis, chronic unspecified neck pain, and/or cervical dystonia. While page 26 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that Botox injections are recommended in the treatment of cervical dystonia, while one of the attending provider's progress note suggested that the applicant did in fact carry diagnosis of cervical dystonia, this is, however, contravened by other progress notes, which stated that the applicant has issues with cervical radiculitis versus cervical myositis versus degenerative disk disease of the cervical spine versus myofascial pain syndrome of the cervical spine. Therefore, the request is not medically necessary.