

Case Number:	CM14-0215762		
Date Assigned:	01/05/2015	Date of Injury:	09/28/1998
Decision Date:	02/24/2015	UR Denial Date:	12/15/2014
Priority:	Standard	Application Received:	12/23/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Arizona, California

Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 63 year old female who suffered an industrial related injury on 9/28/98 after a fall. A physician's report dated 10/20/08 noted the injured worker had complaints of frequent headaches, aching, and stiffness. Neck soreness, bilateral arm pain, tingling to the fingers, bilateral shoulder pain, low back pain, bilateral leg pain, and bilateral knee pain was also noted. A physician's report dated 12/5/14 noted the injured worker had continued complaints of back pain and radicular left leg pain. The physician noted the injured worker had substantial benefit from prescribed medications and that she has nociceptive, neuropathic, and inflammatory pain. The injured worker was prescribed Ambien, Atenolol, Butrans, Clonidine, Cymbalta, Levothroid, Lidoderm Patch, Lipitor, Norco, and Prilosec. The physical examination revealed no gait abnormalities and full and symmetric muscle strength with normal muscle tone. No atrophy or abnormal movements were noted. Findings consistent with bilateral epicondylitis and carpal metacarpal syndrome were noted. FABER, Gainslen's, Patricks, and pelvic rock maneuvers were positive. Pain to palpation over the L3-S1 facets was noted. Diagnoses included spinal pain associated with facet capsular tears, status post right ankle fracture, status post two level cervical fusion, status post left shoulder surgery, status post bilateral carpal tunnel release and bilateral deQuurvain's release, status post bilateral elbow tendon release, recent rib fractures, recurrent falls related to right knee ACL laxity, and worsening intra articular knee pain. The treating physician recommended Botox injections for cervical spinal pain and headaches, and aquatic therapy to the cervical and lumbar spine x12. On 12/15/14 the utilization review (UR) physician denied the requests for a Botox injection for the cervical spine, and a Botox injection

for headaches. The request for aquatic therapy to the cervical and lumbar spine x12 was modified. Regarding the Botox injection to the cervical spine and Botox for headaches the UR physician noted the supporting documentation did not document a history of cervical dystonia. The headaches being treated are not well described or characterized as migraines therefore the request is not medically necessary. Regarding aquatic therapy the UR physician noted a trial of 6 sessions with reauthorization based on objective functional improvement is supported by the Medical Treatment Utilization Schedule guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Botox injection to the cervical spine x1: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Botox and Neck pain page 9

Decision rationale: According to the guidelines, Botox is recommended for cervical dystonia, but not recommended for mechanical neck disorders, including whiplash. Cervical dystonia criteria include tonic (involuntary) contractures of the neck muscles, sustained torsion and duration of greater than 6 months. In this case, the claimant did not have the above diagnosis. As a result, the request is not medically necessary.

Botox injection for headaches x1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC regarding Head complaints: Botulinum toxin

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Head and Botox page 10

Decision rationale: According to the guidelines, Botox is not recommended for tension headaches. It is FDA approved for chronic migraine sufferers who have symptoms lasting more than 4 hours per day for at least 15 days per month. In this case, the claimant did not have the above frequency or length of symptoms described. In addition, the specific headache etiology was not specified. Based on the above, the request for Botox for headaches is not medically necessary.

Aquatic therapy to the cervical and lumbar spine x12: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy Page(s): 22.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines aquatic therapy Page(s): 22.

Decision rationale: Aquatic therapy is recommended as an optional form of exercise therapy, where available, as an alternative to land-based physical therapy. Aquatic therapy (including swimming) can minimize the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable, for example extreme obesity. The length of treatment recommended is up to 8 sessions. In this case, there is not an indication of inability to perform land-based exercises. The amount requested exceeds the amount suggested by the guidelines. The request above is not medically necessary.