

<b>Case Number:</b>	CM14-0217161		
<b>Date Assigned:</b>	01/07/2015	<b>Date of Injury:</b>	03/16/2009
<b>Decision Date:</b>	02/28/2015	<b>UR Denial Date:</b>	12/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/29/2014

### 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. 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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & Gen Prev Med

### 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 injured worker is a 45-year-old male, with a reported date of injury of 03/16/2009. The results of the injury were neck pain, and right shoulder pain. The current diagnoses include status post right rotator cuff repair times two (2), right thoracic outlet syndrome, and chronic pain syndrome. The past diagnoses include status post right rotator cuff repair times two (2), right thoracic outlet syndrome, and chronic pain syndrome. Treatments have included oral pain medications, chiropractic treatment, bilateral cervical facet block at C4-C7, bilateral electromyography/nerve conduction studies of the upper extremities, right rotator cuff repair times two (2), without improvement, right carpal tunnel release, and an MR Arthrogram of the right shoulder. Diagnostic testing results have not been included in the medical records provided for review. The supplemental report dated 12/05/2014 indicates that the injured worker continued to have severe neck pain. A treating physician recommended cervical spine fusion. The physical examination showed that the injured worker also continued to show severe right scalene and right pectoralis minor tenderness, Tinel with percussion and positive right costoclavicular abduction test, dysesthesia in the right C8-T1 dermatome with right upper extremity weakness, especially intrinsic hand muscle strength. The treating physician requested the Botox injection to provide temporary symptom reduction, since the injured worker had thoracic outlet syndrome. On 12/17/2014, Utilization Review (UR) denied the request for one (1) intramuscular chemodenervation under ultrasound guidance. The UR physician noted that Botox injections are not recommended for chronic pain complaints and is only listed as support for cervical dystonia.

The injured worker did not demonstrate cervical dystonia. The Chronic Pain Guidelines were cited.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Prospective request for 1 intramuscular botox chemodenervation under ultrasound guidance.:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

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

**Decision rationale:** The MTUS states regarding Botox injections, "Not recommended for the following: tension-type headache; migraine headache; fibromyositis; chronic neck pain; myofascial pain syndrome; & trigger point injections." Additionally MTUS states Botox injections are "Recommended: cervical dystonia, a condition that is not generally related to worker's 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." and "Recommended: chronic low back pain, if a favorable initial response predicts subsequent responsiveness, as an option in conjunction with a functional restoration program." The medical records provided did not indicate any conditions that MTUS recommends as appropriate for Botox Injections. As such, the request for prospective request for 1 intramuscular botox chemodenervation under ultrasound guidance is not medically necessary.