

Case Number:	CM14-0088253		
Date Assigned:	07/23/2014	Date of Injury:	09/18/2003
Decision Date:	06/05/2015	UR Denial Date:	05/22/2014
Priority:	Standard	Application Received:	06/12/2014

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: California, Indiana, New York
 Certification(s)/Specialty: Internal Medicine

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 65 year old female who sustained an industrial injury on 09/18/03. Initial complaints and diagnoses are not available. Treatments to date include medications, shoulder surgery, radiofrequency ablation of facet joints, axial nerve neuroplasty, carpal tunnel release, scar injections with botox, ulnar neuropathy, and radial tunnel release. Diagnostic studies include MRI and electrodiagnostic studies. Current complaints include unspecified chronic pain. Current diagnose include ulnar neuropathy, cervical radiculitis, suprascapular neuropathy, brachial plexopathy, cervical myofascial pain syndrome, neuroma, complex regional pain syndrome, and adhesive capsulitis of shoulder. In a progress note dated 05/02/14 the treating provider reports the plan of care as Cymbalta, a cervical epidural steroid injection, and scar injections with Botox. The requested treatment is Botox injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Botox injection 100units for scar: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Botox.

Decision rationale: Pursuant to the Official Disability Guidelines, Botox injection 100 units for scar is not medically necessary. Botox is not recommended for most chronic pain conditions. Botox is not recommended for tension type headache; fibromyositis; chronic neck pain; myofascial pain syndrome; and trigger point injections. Botox is recommended for cervical dystonia; spinal cord injury; spasticity following TBI; and migraine. In this case, the injured worker's working diagnoses are ulnar neuropathy; cervical radiculitis; suprascapular neuropathy; brachial plexopathy; myofascial pain syndrome cervical; neuroma with left shoulder neuroma of the supraclavicular nerves; CRPS and adhesive capsulitis of the shoulder. The documentation shows the injured worker received multiple Botox injections of the left shoulder and neuroma scar. Botox injections were administered on April 21, 2011; July 18, 2011; August 31, 2011; and December 27, 2013. However, Botox is not recommended for most chronic pain conditions. Botox is recommended for cervical dystonia; spinal cord injury; spasticity following TBI; and migraine. There is no clinical indication in the guidelines where Botox is recommended for painful scars. Subjectively, according to the May 2 2014 progress note, the worker complains of pain with a VAS pain scale of 6/10 overlying the left scapula. The anterior neck and shoulder and scar area remains better than before the December 27, 2013 injection. Objectively, the musculoskeletal section states the left anterior neck scar is sensitive. Consequently, absent guideline recommendations for a Botox injection for chronic scar pain, Botox injection 100 units for scar is not medically necessary.