

Case Number:	CM15-0001053		
Date Assigned:	01/12/2015	Date of Injury:	02/22/2001
Decision Date:	03/17/2015	UR Denial Date:	12/26/2014
Priority:	Standard	Application Received:	01/05/2015

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
 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:

The injured worker is a 57- year old female, who sustained an industrial injury on February 22, 2001. She has reported injury to left shoulder, right knee and neck. Treatment to date has included pain management with opioids, non-steroidal anti-inflammatories, antidepressants, over-the-counter pain medications and physical therapy. The worker also had surgical intervention to include cervical fusion of the C5-C6 and C6-C7 in 2001 and 2004. Currently, the IW complains of neck pain radiating to both shoulders and between the shoulder blades. Pain was constant 90-100 percent of the time and was sharp, throbbing and shooting. Pain was worsened with any activity or movement, weight bearing, bending forward, and bending backward and twisting. Pain was relieved by application of cold and medications. Neck pain was reported to cause headaches. Pain was reported to interfere with sleep, household chores, socialization, sexual relations, physical exercise, driving and caring for himself. Physical exam was remarkable for restricted range of motion, trigger points in the paravertebral muscles along with radiating pain on both sides, spinous process noted at the C4-C6, sensation to touch at the C3 through the T1 dermatomes. The worker had a recent Botox injection, which helped with 80 percent pain relief and lasted for twelve weeks. Diagnoses at this visit included bilateral occipital neuralgia, myofascial pain syndrome, cervical post-laminectomy syndrome, cervical facet arthropathy and chronic migraine. Plan of care was for a Botox injection and medication refills. On December 26, 2014, the Utilization Review decision non-certified a request for Botox injections, noting that Botulinum toxin are generally not recommended for chronic pain disorders

but recommended for cervical dystonia. The MTUS guidelines were cited. On December 30, 2014, the injured worker submitted an application for IMR for review of Botox injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Botox injections: Upheld

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

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

Decision rationale: According to guidelines Botulinum toxin is not generally recommended for chronic pain disorders, but recommended for cervical dystonia. According to the medical records the patient suffers from chronic pain. Therefore the request is not medically necessary.