

Case Number:	CM15-0013290		
Date Assigned:	01/30/2015	Date of Injury:	02/01/2008
Decision Date:	03/26/2015	UR Denial Date:	01/12/2015
Priority:	Standard	Application Received:	01/23/2015

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: Physical Medicine & Rehabilitation

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 78-year-old female sustained a work-related head injury on 2/1/2008. The diagnosis is cervical dystonia. She reports painful neck and cervical paraspinal muscle spasms. Previous treatment includes Botox injections. The treating provider requests Botox injection for the cervical spine 300 units. The Utilization Review on 1/12/2015 non-certified Botox injection for the cervical spine 300 units, citing CA MTUS guidelines for Botulinum toxin.

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 (300 Units): Overturned

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 (Botox; Myobloc) Pain Outcomes and Endpoints Page(s): 25-26, 8-9. Decision based on Non-MTUS Citation Official disability guidelines Neck and upper back chapter, Botulinum toxin (injection)

Decision rationale: According to the 12/26/2014 report, this patient presents with neck pain. The current request is for Botox injection for the cervical spine 300 units. The request for authorization is not provided for review. The patient's work status is permanent and stationary. For Botox, the MTUS Guidelines page 25 and 26 state, "Not generally recommended for chronic pain disorder but recommended for cervical dystonia." It further states, "Not recommended for tension-type headache, migraine headache, fibromyositis, chronic neck pain, myofascial pain syndrome, and trigger-point injections." However, ODG does support Botox injection for this condition but the MTUS guidelines on page 8 states, "Continuation or modification of pain management depends on the physician's evaluation of progress toward treatment objectives. If the patient's progress is unsatisfactory, the physician should assess the appropriateness of continued use of the current treatment plan and consider the use of other therapeutic modalities." The medical reports provided indicate that the patient has neck pain and "injection therapy for the cervical dystonia" on 10/14/2014. Based on 11/05/2014 report, "The patient is now comfortable and examination shows 80% resolution of the spasm." In this case, the treating physician has documented the patient's progress as "80% resolution" and requested for a repeat Botox injection for the patient's cervical dystonia as the patient is "having increase in symptoms." The requested repeat injection is supported by the guidelines and IS medically necessary.