

Case Number:	CM15-0013884		
Date Assigned:	01/27/2015	Date of Injury:	06/28/2000
Decision Date:	03/20/2015	UR Denial Date:	12/22/2014
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: New York, West Virginia, Pennsylvania
 Certification(s)/Specialty: Emergency 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 63 year old female, who sustained an industrial injury on 6/28/2000. She reported neck and upper back pain. Diagnoses include cervical dystonia, cervical radiculopathy, status post cervical spinal fusion, lumbar post-laminectomy syndrome, lumbar radiculopathy, and ilio-inguinal neuralgia and myoclonic neck spasms. Treatments to date include physical therapy, trigger point injections, home exercises and medication management. The patient had previously received Botox injections while under anesthesia which were not effective. A progress note from the treating provider dated 12/9/2014 indicated pain in the bilateral upper extremities with frequent muscle spasms in the neck and headaches. On 12/22/2014, Utilization Review non-certified the request for Botox injections to the right and left sides of the neck, citing MTUS.

IMR ISSUES, DECISIONS AND RATIONALES

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

Botox injections to the right and left sides of the neck: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Botulinum toxin (Boxtox @ Myobloc).

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

Decision rationale: California MTUS guidelines recommend Botox injections only for cervical dystonia and only when findings are consistent with the diagnosis (tremor or tonic posturing of the head in a rotated, twisted or abnormally flexed or extended position). In this case, the patient reported constant muscle contraction at the right and left lateral aspects of the neck which did not respond to a previous sent of Botox injections. Since there was no benefit reported from the previous Botox injections, the request is not medically necessary and appropriate.