

Case Number:	CM15-0016145		
Date Assigned:	02/04/2015	Date of Injury:	01/28/2011
Decision Date:	03/30/2015	UR Denial Date:	01/17/2015
Priority:	Standard	Application Received:	01/28/2015

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:

The injured worker is a 52 year old female, who sustained an industrial injury on 1/28/2011. On 1/28/15, the injured worker submitted an application for IMR for review of Botox Injection 1 set every 12 weeks for one year, and Transportation to and from doctor's appointments, and cervical pillow. The treating provider has reported the injured worker complained of headaches (migraine), left shoulder pain continues, chronic cervical and lumbar pain. The diagnoses have included left shoulder adhesive capsulitis/ rotator cuff syndrome, degenerative disc disease cervical, low back, lumbar and neck pain. Treatment to date has included physical therapy, TENS unit, EMG/NCV right upper extremity (11/21/14), left upper extremity EMG/NCV (11/21/14), neurosurgical consultation, epidural steroid injections, medial branch blocks C4-C5 (10/2/14), cognitive behavioral therapy. Diagnostics include MRI lumbar spine (7/23/14), lumbar x-rays (7/23/14) and urine toxicology screening (4/19/14), Neuro-Diagnostic Evaluation lower extremities (12/19/14). Surgeries include: left shoulder decompression, distal clavicle resection, synovectomy (7/27/11, left shoulder arthroscopic capsular release, subacromial decompression and redo Mumford procedure (7/30/13), left shoulder glenoid labral debridement, subacromial bursectomy, excision of capture lesions/debridement bursal cuff lesion, selective rotator cuff internal/posterior capsular release. Redo subacromial decompression with excision of CA ligament, Redo Mumford procedure (12/23/13), left sacroiliac joint injection (10/30/12), lumbar epidural steroid injection/fluoroscopy/epidurogram (3/31/14). On 1/17/15 Utilization Review non-certified of Botox Injection 1 set every 12 weeks for one year, and Transportation to

and from doctor's appointments, and cervical pillow. The MTUS and ACOEM Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Botox Injection 1 set every 12 weeks for one year: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Botox Page(s): 26.

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

Decision rationale: The 52 year old patient presents with a diagnoses of cervical myofascial pain syndrome with limited range of motion, chronic lumbar pain with intervertebral disc dysfunction, left L4-5 radiculopathy, left hip myofascial pain syndrome, migraine headaches, persistent nausea and vomiting secondary to chronic pain, and left shoulder conditions, as per progress report dated 01/13/15. The request is for BOTOX INJECTION 1 SET EVERY 12 WEEKS FOR ONE YEAR. The RFA for this request is dated 01/06/15, and the patient's date of injury is 01/28/11. The pain is rated at 8-10/10, as per progress report dated 01/13/15, and the patient has sleep disturbances as well. As per progress report, dated 01/07/15, the patient suffers from pain and stiffness in neck, upper extremity weakness and numbness, and bilateral carpal tunnel syndrome. Medications, as per progress report dated 11/21/14, included Zohydro, Butrans, Lyrica, Zorvolex and Duloxetine. None of the reports document the patient's work history. Regarding Botox, 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. In this case, the patient suffers from migraine headaches secondary to posterior neck pain which is worsened by all upright activities and when trying to lie in a position that is not painful. The headaches occur 30 days of the month for almost 8 hours each day. The treater is requesting for Botox injections to manage these symptoms. However, MTUS guidelines do not recommend the injections for migraine headaches. Hence, the request IS NOT medically necessary.

Transportation to and from doctors appointments: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Chapter 'Knee & Leg' and Title 'Transportation (to & from appointments) AETNA guidelines at www.aetna.com

Decision rationale: The 52 year old patient presents with a diagnoses of cervical myofascial pain syndrome with limited range of motion, chronic lumbar pain with intervertebral disc

dysfunction, left L4-5 radiculopathy, left hip myofascial pain syndrome, migraine headaches, persistent nausea and vomiting secondary to chronic pain, and left shoulder conditions, as per progress report dated 01/13/15. The request is for TRANSPORTATION TO AND FROM DOCTORS APPOINTMENTS. The RFA for this request is dated 01/06/15, and the patient's date of injury is 01/28/11. The pain is rated at 8-10/10, as per progress report dated 01/13/15, and the patient has sleep disturbances as well. As per progress report, dated 01/07/15, the patient suffers from pain and stiffness in neck, upper extremity weakness and numbness, and bilateral carpal tunnel syndrome. Medications, as per progress report dated 11/21/14, included Zohydro, Butrans, Lyrica, Zorvolex and Duloxetine. None of the reports document the patient's work history. ODG-TWC guidelines, Chapter 'Knee & Leg' and Title 'Transportation (to & from appointments)', recommend transportation for medically-necessary transportation to appointments in the same community for patients with disabilities preventing them from self-transport. (CMS, 2009) Note: This reference applies to patients with disabilities preventing them from self-transport who are age 55 or older and need a nursing home level of care. Transportation in other cases should be agreed upon by the payer, provider and patient, as there is limited scientific evidence to direct practice. AETNA has the following guidelines on transportation: Per AETNA guidelines at www.aetna.com, "The cost of transportation primarily for, and essential to, medical care is an eligible medical expense. The request must be submitted for reimbursement and the request should document that patient cannot travel alone and requires assistance of a nurse or companion." In this case, the treater is requesting for transportation due to inability to concentrate as a result of severe back pain, as per RFA dated 01/06/14. The treater also states, in progress report with the same date, that she is at risk for motor vehicle trauma, as a consequence of her chronic pain condition. The treater, however, does not document the patient's social situation. It is not clear why a friend or a family member cannot drive her. Additionally, the medical reports do not indicate nursing home level care. Hence, the request IS NOT medically necessary.

Cervical pillow: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 79.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Neck and upper back chapter, Pillow

Decision rationale: The 52 year old patient presents with a diagnoses of cervical myofascial pain syndrome with limited range of motion, chronic lumbar pain with intervertebral disc dysfunction, left L4-5 radiculopathy, left hip myofascial pain syndrome, migraine headaches, persistent nausea and vomiting secondary to chronic pain, and left shoulder conditions, as per progress report dated 01/13/15. The request is for CERVICAL PILLOW. The RFA for this request is dated 01/06/15, and the patient's date of injury is 01/28/11. The pain is rated at 8-10/10, as per progress report dated 01/13/15, and the patient has sleep disturbances as well. As per progress report, dated 01/07/15, the patient suffers from pain and stiffness in neck, upper extremity weakness and numbness, and bilateral carpal tunnel syndrome. Medications, as per progress report dated 11/21/14, included Zohydro, Butrans, Lyrica, Zorvolex and Duloxetine. None of the reports document the patient's work history. ODG-TWC guidelines, Neck and Upper

Back section for Pillow states: Recommend use of a neck support pillow while sleeping, in conjunction with daily exercise. This RCT concluded that subjects with chronic neck pain should be treated by health professionals trained to teach both exercises and the appropriate use of a neck support pillow during sleep; either strategy alone did not give the desired clinical benefit. (Helewa, 2007) In this case, the treater is requesting for a cervical pillow to abnormal pressure and torque on her cervical spine at night, as per progress report dated 01/06/15. The report also states that the patient also walks daily to tolerance. ODG guidelines support the use of cervical pillow in patients who exercise daily. Hence, this request IS medically necessary.