

Case Number:	CM15-0111547		
Date Assigned:	06/18/2015	Date of Injury:	03/27/2001
Decision Date:	07/16/2015	UR Denial Date:	05/05/2015
Priority:	Standard	Application Received:	06/09/2015

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: 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 50-year-old female, who sustained an industrial injury on 3/27/01. She has reported initial complaints of a neck injury at work. The diagnoses have included cervical stenosis and cervical degenerative disc disease (DDD). Treatment to date has included medications, activity modifications, diagnostics, surgery, physical therapy, injections and transcutaneous electrical nerve stimulation (TENS). Currently, as per the physician progress note dated 4/20/15, the injured worker was last seen on March 9, 2015 and they were asking for Botox injections as she has gotten great pain relief with using them in the past. She continues to have left sided headaches and neck pain. She has had relief with using transcutaneous electrical nerve stimulation (TENS) in the past also, but her unit no longer works. She has symptoms that wax and wane but does not feel that they are bad enough to consider more surgery. The physical exam reveals restricted range of motion in the cervical spine and tenderness to palpation in the left trapezial area and the left paraspinal muscles. She also has restriction with rotation to the left. The physician noted that a Magnetic Resonance Imaging (MRI) of the cervical spine that was recently performed shows that she had previous cervical arthrodesis from C4-C7. She has advanced degenerative changes at C7-T1 and there is a moderate left sided foraminal narrowing. There is no previous Magnetic Resonance Imaging (MRI) reports noted in the records. The previous physical therapy sessions were noted in the records. The current medications included Norco. Work status is permanent and stationary. The physician requested treatments included Botox injection, cervical and transcutaneous electrical nerve stimulation (TENS) unit & supplies.

IMR ISSUES, DECISIONS AND RATIONALES

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

Botox injection, cervical: 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 Page(s): 26 of 127.

Decision rationale: The patient is a 50-year-old female who sustained an injury in March of 2001. She has subsequently been diagnosed with cervical stenosis and cervical degenerative disc disease. She has been treated with medications, physical therapy, surgery, botox injection, TENS electrical nerve stimulation. The request is for a repeat botox injection to aid in cervical pain relief. The MTUS guidelines state that botox injections are not indicated for mechanical neck disease. The use of botox for cervical dystonia is supported by the literature but there are no records indicating the patient suffers from this condition. Due to the fact that there is no evidence based indication for the use of botox in this case, the request is not medically necessary.

TENS unit & supplies: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrical nerve stimulation (TENS) Page(s): 114-116.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-117 of 127.

Decision rationale: The patient is a 50 year old female who sustained an injury in March of 2001. She has subsequently been diagnosed with cervical stenosis and cervical degenerative disc disease. She has been treated with medications, physical therapy, surgery, botox injection, TENS electrical nerve stimulation. The request is for the use of transcutaneous electrical stimulation to aid in cervical pain relief. The MTUS guidelines state that treatment is indicated for certain conditions including neuropathic pain including diabetic neuropathy and post herpetic neuralgia. A one month trial is indicated for these conditions in association with a functional restoration program. At this point, the patient does not meet the criteria required for continued use as stated above. As such, the request is not medically necessary.