

Case Number:	CM15-0122766		
Date Assigned:	07/17/2015	Date of Injury:	05/01/2001
Decision Date:	08/13/2015	UR Denial Date:	06/16/2015
Priority:	Standard	Application Received:	06/25/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 63-year-old who has filed a claim for chronic neck, low back, shoulder, wrist, ankle, and knee pain reportedly associated with an industrial injury of May 1, 2001. In a Utilization Review report dated June 16, 2015, the claims administrator partially approved six of eight requested chiropractic treatments while denying Botox injections outright. The claims administrator referenced an RFA form and an associated progress note of June 8, 2015 in its determination. On June 8, 2015, the attending provider appealed previously denied Botox injections, arguing that the applicant had bona fide cervical dystonia for which Botox injections were indicated. Tenderness about the neck and shoulder regions was appreciated. The applicant was given various diagnoses, including that of myofascial pain syndrome. Eight sessions of chiropractic manipulative therapy and Lunesta were endorsed. The applicant's work status was not clearly outlined. The applicant had received chiropractic manipulative therapy at various points over the course of the claim, including on May 30, 2015. A separate handwritten work status report of June 8, 2015 suggested that the applicant had retired. On March 9, 2015, the applicant reported ongoing complaints of neck, shoulder, upper back pain, 4.5/10. The applicant exhibited tenderness about the left cervical paraspinal musculature. The applicant was given various diagnoses, including cervical radiculopathy versus cervical degenerative disk disease versus cervicogenic headaches versus cervical myofascial pain. Ancillary issues including low back pain, shoulder pain, carpal tunnel syndrome, and brachial plexopathy were reported. The applicant was also status post knee and ankle surgery. Botox injections were endorsed. It was stated that the applicant had had previous chiropractic manipulative therapy and acupuncture, both of which were ineffective.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic x 8: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 59-60.

Decision rationale: No, the request for eight sessions of chiropractic manipulative therapy was not medically necessary, medically appropriate, or indicated here. The request in question was framed as a renewal or extension request for chiropractic manipulative therapy. While pages 59 and 60 of the MTUS Chronic Pain Medical Treatment Guidelines do support up to 24 sessions of manipulative therapy in applicants who demonstrate treatment success by achieving and/or maintaining successful return to work status, here, however, the applicant was off work, it was reported on a work status report of June 8, 2015. Although it was not clear whether this was a function of age-related retirement or a function of the applicant's chronic pain, it was nevertheless made evident that the applicant was not, in fact, working, despite receipt of earlier unspecified amounts of manipulative therapy over the course of the claim, including manipulative treatments in March, April, and May 2015. The attending provider also reported on March 9, 2015 that previous conservative interventions including chiropractic care and acupuncture had been "ineffective". It did not appear, in short, that the applicant had profited appreciably from earlier unspecified amounts of chiropractic manipulative therapy over the course of the claim in terms of the functional improvement parameters established in MTUS 9792.20e. Therefore, the request was not medically necessary.

Botox: 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 (Botox; Myobloc) Page(s): 26.

Decision rationale: Similarly, the request for Botox injections was likewise not medically necessary, medically appropriate, or indicated here. The attending provider stated on various dates, including on the June 8, 2015 office visit at issue, that there was in fact a considerable lack of diagnostic clarity present here. The applicant was given diagnoses of cervical disk disease versus cervical radiculopathy versus cervical myofascial pain versus cervicogenic headaches versus shoulder pain status post shoulder surgery versus alleged cervical dystonia. As noted on page 26 of the MTUS Chronic Pain Medical Treatment Guidelines, however, Botox injections are not recommended for the treatment of chronic neck pain and/or myofascial pain syndrome, i.e., the primary operating diagnoses present here. While page 26 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that Botox injections are recommended in the treatment of cervical dystonia, page 26 of the MTUS Chronic Pain Medical Treatment Guidelines notes that cervical dystonia is not generally related to Workers Compensation injuries. Here, the attending provider's documentation did not make readily evident how (or if) the applicant in fact had bona fide issues with cervical dystonia as opposed to

issues with myofascial pain syndrome versus nonspecific neck pain versus neck pain secondary to headaches versus neck pain secondary to degenerative disk disease versus cervical radiculopathy, all of which were listed on the differential diagnosis list on June 8, 2015. Page 26 of the MTUS Chronic Pain Medical Treatment Guidelines also stipulates that Botox injections for a proximate body part, the low back, are recommended only as an option in conjunction with a functional restoration program. Here, the applicant was off work, it was reported on June 8, 2015. It did not appear likely that the applicant was intent on employing the proposed Botox injections in conjunction with a program of functional restoration. Therefore, the request was not medically necessary.