

Case Number:	CM15-0122941		
Date Assigned:	07/07/2015	Date of Injury:	11/01/2007
Decision Date:	08/05/2015	UR Denial Date:	06/24/2015
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: 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 injured worker is a 57 year old female, who sustained an industrial injury on 11/01/2007. Treatment to date has included diagnostics, multiple surgical interventions (right carpal tunnel release x 2 (1994, 1998), right De Quervain's release (1978), left radial tunnel and lateral epicondylar release (2008) and left ulnar anterior subcutaneous transposition (2009)), and conservative measures including Botox injections, cervical epidural steroid injections, bilateral medial branch blocks, bilateral radiofrequency ablation, activity modification and medications including Norco, Gabapentin, Clonazepam, Trazodone and Pristiq. Per the Primary Treating Physician's Progress Report dated 6/12/2015, the injured worker reported neck pain and cervicogenic headaches due to cervical disc degeneration. She continues to report increased frequency of migraine headaches. She has headaches almost daily and has needed to take Maxalt more frequently. Right shoulder surgery is pending. Physical examination of the neck revealed mild tenderness to palpation at the cervical paraspinal musculature. There was spasm and hypertonicity in the cervical paraspinal and upper trapezius muscles. Range of motion was unable to be evaluated due to pain. The plan of care included medications, surgical consultation and referral to a neurologist for Botox injections. Authorization was requested for referral to neurologist for Botox injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Referral to neurologist for botox injections: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: According to the MTUS Botox injections are not generally recommended for chronic pain disorders, but recommended for cervical dystonia. Cervical dystonia is a condition that is not generally related to workers' compensation injuries (also known as spasmodic torticollis), and is characterized as a movement disorder of the nuchal muscles, characterized by tremor or by tonic posturing of the head in a rotated, twisted, or abnormally flexed or extended position or some combination of these positions. When treated with BTX-B, high antigenicity limits long-term efficacy. Botulinum toxin A injections provide more objective and subjective benefit than trihexyphenidyl or other anticholinergic drugs to patients with cervical dystonia. The patient's diagnoses meet the above criteria for treatment. I am reversing the previous utilization review. Referral to neurologist for botox injections is medically necessary.