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| Case Number: | CM15-0127200 | | |
| Date Assigned: | 07/13/2015 | Date of Injury: | 12/08/1999 |
| Decision Date: | 08/18/2015 | UR Denial Date: | 06/03/2015 |
| Priority: | Standard | Application Received: | 07/01/2015 |

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, Pain Management

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 44 year old male who sustained an industrial /work injury on 12/8/99. He reported an initial complaint of pain in bilateral arms and hands. The injured worker was diagnosed as having cervicgia, genetic torsion dystonia, post laminectomy syndrome of cervical region, bilateral reflex sympathetic dystrophy of the upper limbs. Treatment to date includes medication, spinal cord stimulator (SCS), and botox injections. Currently, the injured worker complained of bilateral arm and back pain with severity of 8/10 and described as constant, throbbing, and achy. Per the primary physician's report (PR-2) on 5/21/15, exam reveals bilateral hand hypersensitivity, bilateral hand grip weakness, surgical scars of both wrists, s/p carpal tunnel release, positive Tinel's test bilaterally, 5/5 grip strength, no tenderness to palpation over anterior/posterior bilateral hands, no pseudomotor signs, no hyperhidrosis, tenderness to palpation over the spinal incision site, along the leads over the battery, limited range of motion in all direction of cervical spine, vertebral spine tenderness in paraspinal muscles, muscle atrophy apparent lateral to the incision, and muscle spasm and tightening posterior musculature. The requested treatments include Botox Injection 100 Unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Botox Injection 100 Unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Botulinum Toxin (botox (R); Myobloc (R)) Page(s): s 25-26.

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

Decision rationale: Regarding the request for Botox, Chronic Pain Treatment Guidelines state that botulinum toxin is not generally recommended for chronic pain disorders, but recommended for cervical dystonia, which is specifically "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." Guidelines go on to state specifically that botulinum is "not recommended for the following: tension-type headache; migraine headache; fibromyositis; chronic neck pain; myofascial pain syndrome; and trigger point injections." Within the documentation available for review, the provider notes that the patient has been treated for cervical dystonia and migraine in the past with Botox, but the current symptoms/findings are not consistent with cervical dystonia as defined by the CA MTUS. As such, the currently requested Botox is not medically necessary.