

Case Number:	CM15-0160770		
Date Assigned:	08/27/2015	Date of Injury:	01/08/2003
Decision Date:	12/15/2015	UR Denial Date:	08/11/2015
Priority:	Standard	Application Received:	08/17/2015

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, California
 Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 61 year old male patient, who sustained an industrial injury on 1-08-2003. The diagnoses include cervical disc disease with myelopathy. Per the most recent submitted Primary Treating Physician's Progress Report dated 4-14-2015, he presented for recheck of cervical radiculopathy. He reported that his pain levels remain high, and limit his activity to only 10-15 minutes at a time. This was somewhat worse than when he was on opiates but he continues to report improvement in mood and mental clarity with the current treatment regimen. Physical examination revealed a slow, stooped gait, ambulates with a cane and able to rise from a seated position with some difficulty; decreased light touch sensation in the right hand and 4/5 grip strength in the right hand; sad mood and affect; cervical spine-tenderness and muscle rigidity. The medications list includes suboxone, wellbutrin, effexor XR, lisinopril, terazocin, ambien, requip XI, amitriptyline, bupropion, zyprexa, celebrex and finasteride. The notes from the provider do not document efficacy of the prescribed medications. Work status was "unchanged." The patient has past history of cervical dystonia. He had multiple diagnostic includes CT cervical spine dated 4/2/2007; EMG/NCS lower extremities dated 6/14/2006 with normal findings; EMG/NCS dated 5/13/14 which revealed chronic bilateral C7 radiculopathy. Treatment to date has included surgical intervention (cervical laminectomy in 2013 and ACDF in 2005), physical therapy, diagnostics and medications. The plan of care included continuation of Suboxone film. He was advised to follow up with neurosurgeon regarding Botox injections. Authorization was requested on 8-06-2015 for one Botox injection and chemodenervation.

On 8-1-2015, Utilization Review non-certified the request for one Botox injection and chemodenervation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Botox injections 170 units: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Botulinum toxin (Botox Myobloc). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Neck & Upper Back (updated 06/25/15) Botulinum toxin (injection).

Decision rationale: Per the cited guidelines Botox injection is "Not generally recommended for chronic pain disorders, but recommended for cervical dystonia. Not recommended for the following: tension-type headache; migraine headache; fibromyositis; chronic neck pain; myofascial pain syndrome; & trigger point injections." In addition per the cited guidelines "criteria for use in Cervical dystonia (spasmodic torticollis): Moderate or greater severity; & There are clonic and/or tonic involuntary contractions of multiple neck muscles (e.g., sternocleidomastoid, splenius, trapezius and/or posterior cervical muscles); & There is sustained head torsion and/or tilt with limited range of motion in the neck; & The duration of the condition is greater than 6 months; & Alternative causes of symptoms have been considered and ruled out, including chronic neuroleptic treatment, contractures, or other neuromuscular disorders." A recent detailed clinical evaluation note is not specified in the records provided. The patient is having a history of diagnosis of cervical dystonia. However, the severity of the cervical dystonia is not specified in the records provided. Evidence of clonic and/or tonic involuntary contractions of multiple neck muscles in the recent notes is not specified in the records provided. Evidence that other cause of symptoms have been ruled out is not specified in the records provided. The medical necessity of Botox injections 170 units is not fully established in this patient at this time.

Unknown chemodenervation: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Initial Care, and Chronic Pain Medical Treatment 2009, Section(s): Botulinum toxin (Botox Myobloc). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Neck & Upper Back (updated 06/25/15) Botulinum toxin (injection).

Decision rationale: Chemodenervation is a term frequently used to describe the use of Botulinum Toxin to treat various forms of neurological conditions. Per the records provided the

request was for botox chemodenervation. Per the cited guidelines "Invasive techniques (e.g., needle acupuncture and injection procedures, such as injection of trigger points, facet joints, or corticosteroids, lidocaine, or opioids in the epidural space) have no proven benefit in treating acute neck and upper back symptoms." Per the cited guidelines Botox injection is "Not generally recommended for chronic pain disorders, but recommended for cervical dystonia." Not recommended for the following: tension-type headache; migraine headache; fibromyositis; chronic neck pain; myofascial pain syndrome; & trigger point injections." In addition per the cited guidelines "criteria for use in Cervical dystonia (spasmodic torticollis): Moderate or greater severity; & There are clonic and/or tonic involuntary contractions of multiple neck muscles (e.g., sternocleidomastoid, splenius, trapezius and/or posterior cervical muscles); & There is sustained head torsion and/or tilt with limited range of motion in the neck; & The duration of the condition is greater than 6 months; & Alternative causes of symptoms have been considered and ruled out, including chronic neuroleptic treatment, contractures, or other neuromuscular disorders." A recent detailed clinical evaluation note is not specified in the records provided. The patient is having a history of diagnosis of cervical dystonia. However, the severity of the cervical dystonia is not specified in the records provided. Evidence of clonic and/or tonic involuntary contractions of multiple neck muscles in the recent notes is not specified in the records provided. Evidence that other cause of symptoms have been ruled out is not specified in the records provided. The medical necessity of Unknown chemodenervation is not fully established in this patient at this time.