

Case Number:	CM15-0171872		
Date Assigned:	09/14/2015	Date of Injury:	10/01/2010
Decision Date:	10/13/2015	UR Denial Date:	08/28/2015
Priority:	Standard	Application Received:	09/01/2015

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: Utah, Arkansas

Certification(s)/Specialty: Family Practice, Sports 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 61 year old female who sustained an industrial injury on 10-1-10. The injured worker reported pain in the neck with radicular symptoms to the right upper extremity and headaches. A review of the medical records indicates that the injured worker is undergoing treatments for cervical spondylosis, bilateral lower extremity radiculopathy right greater than left, possible carpal tunnel syndrome, reactionary depression and anxiety, right wrist ganglion cyst, and medication induced gastritis. Medical records dated 7-2-15 and 8-17-15 indicate pain rated at 6 out of 10. Medical records dated 5-15-15, Records indicate pain rated at 7 out of 10. Provider documentation dated 8-17-15 noted the work status as permanent and stationary. Treatment has included physical therapy, cervical spine magnetic resonance imaging, Paxil, Ultram since at least February of 2015, Anaprox since at least February of 2015, Topamax since at least February of 2015, FexMid since at least February of 2015, non-steroidal anti-inflammatory drugs, Prilosec since at least February of 2015, trigger point injections, acupuncture treatment, Cervical provocative discogram (1-31-13), computed tomography (1-31-13), electromyography (4-18-11), and a nerve conduction velocity study (4-18-11). Objective findings dated 8-17-15 were notable for tenderness to palpation to posterior cervical musculature with decreased range of motion and trigger points palpable. The original utilization review (8-28-15) denied the request for Botox 300 units, cervical quantity of 1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Botox 300 units, cervical QTY 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatments in Workers' Comp (13th annual edition).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Botulinum toxin (Botox Myobloc).

Decision rationale: MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for Botox. MTUS guidelines state the following: Not generally recommended for chronic pain disorders, but recommended for cervical dystonia. The patient does not currently meet criteria. According to the clinical documentation provided and current MTUS guidelines; Botox is not indicated as a medical necessity to the patient at this time.