

Case Number:	CM15-0172232		
Date Assigned:	09/14/2015	Date of Injury:	05/14/2009
Decision Date:	10/19/2015	UR Denial Date:	08/01/2015
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: California, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, 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 34 year old female, who sustained an industrial injury on 5-14-2009. The medical records indicate that the injured worker is undergoing treatment for status post C4-5 anterior cervical disk fusion (4-2014), foraminal stenosis, cervical radiculitis, and spasms of muscle, ulnar neuropathy, neck pain, cervical facet syndrome, and occipital neuralgia. According to the progress report dated 7-20-2015, the injured worker complains of pain in her occipital and trapezial region, right greater than left. She reports occasional pain on the right side of her neck with radiation into the right shoulder. In addition, she reports left-sided neck pain with numbness and tingling in the 4th and 5th digits of the left hand. The level of pain is not rated. The physical examination reveals decreased range of motion of the cervical spine with flexion and extension, positive Spurling's maneuver, right greater than left, positive facet load, tenderness over the upper facet joints with pain on extension and rotation, tenderness across the paracervical region with trigger points identified in the paracervical and trapezial region, and tenderness over the bilateral suboccipital region. The current medications are Alprazolam, Prilosec, Benadryl, Soma, Naprosyn, and Tylenol. Treatment to date has included medication management, x-rays, MRI studies, electrodiagnostic testing, trigger point injections, greater occipital nerve blocks, selective nerve root blocks, epidural steroid injections, and surgical intervention. Work status was not specified in the 7-20-2015 progress note. The original utilization review (8-1-2015) had non-certified a request for Botox injection to the cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Botox injection to cervical spine 100units, quantity: 1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head: Botulinum toxin for chronic migraine.

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

Decision rationale: With regard to Botox injection, the MTUS CPMTG p25 states: "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." Review of the submitted documentation does not indicate that the injured worker suffers from cervical dystonia. There are no documented physical exam findings indicative of dystonia. The request is not medically necessary.