

Case Number:	CM15-0173802		
Date Assigned:	09/15/2015	Date of Injury:	07/03/2007
Decision Date:	10/23/2015	UR Denial Date:	08/07/2015
Priority:	Standard	Application Received:	09/03/2015

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

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 55 year old male, who sustained an industrial injury on 7-3-2007. He reported cumulative trauma type injuries to bilateral upper extremities and the neck. Diagnoses include causalgia upper left limb, chronic pain syndrome, Complex Regional Pain Syndrome (CRPS), radiculitis, bilateral ulnar nerve lesion, bilateral epicondylitis, and carpal tunnel syndrome, status post cervical laminectomy, carpal tunnel release, and cubital tunnel release. Treatments to date include activity modification, wrist braces, cortisone injections, physical therapy, acupuncture treatments, epidural steroid injections, spinal cord stimulator, and NSAIDs, muscle relaxant, and opioids, and trigger point injections noted to provide short term relief. Currently, he complained of increased nausea and severe neck pains that cause dizziness. He further reported of bilateral elbow pain and avoiding use of his arms. On 7-31-15, the physical examination documented cervical tenderness with muscle spasm, tightness and trigger points. Spurling's maneuver was positive bilaterally. The elbows were tender bilaterally with decreased range of motion and positive Tinel's sign. The right wrist had a positive Tinel's sign. The left wrist was swollen with a ganglion cyst noted to the base of the thumb with restricted painful range of motion and tenderness and improved allodynia. The provider documented that the injured worker developed dystonia as a direct effect of the neck surgery for a spinal cord stimulator implant and required a Botox injection. The appeal requested authorization for Botox Injection to the neck and head, 200 units with EMG Guidance. The Utilization Review dated 8-7-15, denied the request stating "it appears that the Botox injection are recommended

to be administered via trigger point, which is specifically not recommended by California MTUS Guidelines."

IMR ISSUES, DECISIONS AND RATIONALES

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

Botox injection at head and neck, 200 units with EMG guidance: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation The National Institute of Neurological Disorders and Stroke has the following information regarding Cervical Dystonia www.ninds.nih.gov/disorders/dystonias/detail_dystonias.htm.

Decision rationale: The patient presents on 07/31/15 with acute cervical and bilateral upper extremity pain rated 10/10. The patient's date of injury is 07/03/07. Patient is status post cervical laminectomy, left cubital tunnel release, and bilateral carpal tunnel release at dates unspecified. The request is for Botox injection at the head and neck with EMG guidance. The RFA is dated 07/31/15. Physical examination dated 07/31/15 reveals dystonic posturing in the cervical spine with the head rotated to the right, tenderness to palpation and spasms in the cervical spine, positive Spurling's maneuver bilaterally, with cervical trigger points noted. Bilateral elbow examination reveals swelling of the medial elbow along the ulnar groove on the left, swelling in the medial elbow on the right, tenderness to the medial and lateral epicondyles bilaterally, and positive Tinel's sign bilaterally. Wrist examination reveals positive Tinel's sign bilaterally, swelling and a ganglion cyst on the left wrist, and severe allodynia on the left. The patient is currently prescribed Cialis, Flector patches, Oxycontin, Tramadol, Xanax, Zanaflex, and Excedrin. Patient is currently classified as temporarily totally disabled. MTUS Guidelines, Botulinum toxin section, page 25-26 has the following: "Not generally recommended for chronic pain disorders, but recommended for cervical dystonia. See more details below. Recommended: cervical dystonia, 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 National Institute of Neurological Disorders and Stroke has the following information regarding Cervical Dystonia (www.ninds.nih.gov/disorders/dystonias/detail_dystonias.htm): "The dystonias can be divided into three groups: idiopathic, genetic, and acquired. Idiopathic dystonia refers to dystonia that does not have a clear cause. Many instances of dystonia are idiopathic. There are several genetic causes of dystonia. Some forms appear to be inherited in a dominant manner, which means only one parent who carries the defective gene is needed to pass the disorder to their child. Each child of a parent having the abnormal gene will have a 50 percent chance of carrying the defective gene. It is important to note the symptoms may vary widely in type and severity even among

members of the same family. In some instances, persons who inherit the defective gene may not develop dystonia. Having one mutated gene appears to be sufficient to cause the chemical imbalances that may lead to dystonia, but other genetic or even environmental factors may play a role. Knowing the pattern of inheritance can help families understand the risk of passing dystonia along to future generations. Acquired dystonia, also called secondary dystonia, results from environmental or other damage to the brain, or from exposure to certain types of medications. Some causes of acquired dystonia include birth injury (including hypoxia, a lack of oxygen to the brain, and neonatal brain hemorrhage), certain infections, reactions to certain drugs, heavy metal or carbon monoxide poisoning, trauma, or stroke. Dystonia can be a symptom of other diseases, some of which may be hereditary. Acquired dystonia often plateaus and does not spread to other parts of the body. Dystonia that occurs as a result of medications often ceases if the medications are stopped quickly." In regard to Botulinum toxin injections for this patient's cervical dystonia, the request is not appropriate. Per progress note dated 07/31/15, the provider states the following: "He has had severe neck pains that started after he had cervical laminectomy for SCS.... He is worse with more pain, spasms, and he now has developed dystonia. He needs Botox to address this. He has not had Botox before. He has developed dystonia as a directed effect of his neck surgery for his SCS." However, dystonia condition is not something that develops following an injury or neck surgery. Most are idiopathic birth condition, some have genetic causes, and acquired dystonia all result from some damage to the brain. This patient does not present with any of these conditions which could potentially cause cervical dystonia, therefore a Botox injection directed at such a complaint is not an appropriate measure. The request is not medically necessary.