

<b>Case Number:</b>	CM15-0179097		
<b>Date Assigned:</b>	09/21/2015	<b>Date of Injury:</b>	03/17/2012
<b>Decision Date:</b>	10/23/2015	<b>UR Denial Date:</b>	09/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/11/2015

### 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: Massachusetts

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:

This injured worker is a 60 year old female who reported an industrial injury on 3-17-2011. Her diagnoses, and or impressions, were noted to include chronic neck pain; cervical myofascial tension; cervical facet impingement; cervicogenic migraine headaches; and sensory brachialgia radiating from cervical spine compression on the brachial plexus, from scalene and pectoralis minor muscle. A fall due to light headedness and with injuries, resulting in left-sided neck pain, was noted in the 4-15-2015 medical records; and with diagnosis of mild cranial cerebral injury, frontal aspect with frontal hematoma, tenderness in frontal region, left eye ecchymosis, diplopia and anosmia (4-7-15); mild frontal lobe dysfunction with executive function and cognitive impairments (4-7-15); and cervical extension and lateral deviation impaction injury, when left frontal forehead hit the pavement (4-7-15); and right upper extremity radiculopathy (4-7-15). No current imaging studies were noted. Her treatments were noted to include: nerve conduction studies and x-rays of the cervical spine (2013); physical therapy; bracing; chiropractic treatments; psychotherapy; trigger point injections - neck and right shoulder (March, April, May, June, July, Aug. & Sept., 2015) - effective; neuro-psychological testing (5-18-15); medication management; and modified work duties. The progress notes of 8-28-2015 noted complaints of fatigue; headaches; neck pain, stiffness and soreness; and depression. The objective findings were noted to include: loss of balance on right leg; the inability to hop on the right leg; guarding of both legs with mounting the exam table; trigger points with hyper-irritable foci located in palpable taut bands in the levator scapula, trapezius and rhomboid muscles of the cervical spine, which produced a local twitch response to compression and referred pain to the posterior scapula and neck; neck torticollis on the right and into extension when in pain; decreased cervical range-of-motion; tenderness to the bilateral occiput and posterior cervical muscles; mild-moderate

muscle spasms to the bilateral upper rib, scalenes, trapezei and scapulae muscles; and radiating left paresthesias provoked by cervical rotation, shoulder abduction, elbow extension and wrist extension. The physician's requests for treatments were noted to include Botox chemo denervation for cervical dystonia. The Request for Authorization, dated 8-28-2015, was noted for Botox chemo denervation into nuchal muscles, 1 set of injections, every 12 weeks for 48 weeks, to reduce cervical dystonia as demonstrated by tonic posturing of the head in a rotated, twisted, abnormally flexed or extended position; for diagnosis of cervical sprain-strain, unspecified epicondylitis, and bicipital tenosynovitis. The Utilization Review of 9-10-2015 modified the request for 1 set of Botox Chemo Denervation injections into nuchal muscles, every 12 weeks for 48 weeks, to 1 set of injections.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Botox chemo denervation into nuchal muscles, 1 set of injections every 12 weeks for 48 weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Botulinum toxin (Botox Myobloc). Decision based on Non-MTUS Citation Botox Prescribing Information.

**Decision rationale:** The claimant sustained a work injury in March 2011 and is being treated for chronic radiating neck pain and migraine headaches. Treatments for her migraines have included Topamax and the claimant is unable to take a beta-blocker or use Amitriptyline. She had increased pain after a fall in April 2015. Treatments have included cervical trigger point and suboccipital injection. Then seen, she had decreased headaches after trigger point injections with improved activities of daily living. When seen two weeks later, there were multiple trigger points. There was decreased cervical range of motion. Botox was requested for the treatment of cervical dystonia. Botox is not recommended for the treatment of chronic neck pain or myofascial pain. Indications for the use of Botox include the treatment of cervical dystonia to decrease the severity of abnormal head position. Cervical dystonia is a focal dystonia and is characterized by involuntarily neck muscle contraction, which causes abnormal head positioning. The presence of cervical dystonia is not documented in this case. Use of Botox in this clinical situation would potentially produce muscle weakness due to its effect at the neuromuscular junction and cannot be recommended. The request is not medically necessary.