

Case Number:	CM15-0048208		
Date Assigned:	03/20/2015	Date of Injury:	12/16/1996
Decision Date:	05/07/2015	UR Denial Date:	03/09/2015
Priority:	Standard	Application Received:	03/13/2015

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: Florida

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:

The injured worker (IW) is a 65 year old female who sustained an industrial injury on 12/16/1996. She reported pain in the neck and wrists. The injured worker was diagnosed 09/22/2014 with cervical disk disease, cervical stenosis, left carpal tunnel syndrome, L3-4, L4-5 radiculopathy bilateral lower extremity, and status post left knee surgery. Treatment to date has included chronic intractable pain management with a behavioral pain services, use of Ultram ER, and Norco. Currently, the injured worker complains of pain in the bilateral shoulders, right wrist and cervical regions with pain in the left knee. She also has multiple complaints regarding ongoing shoulder pain, knee pain and right wrist and right thumb pain. Treatment plan includes Onabotulinum toxin injections performed at 12 week intervals for severe cervical pain and muscle spasticity, and continuation with treatment with the pain specialist. There was no change in her oral medications. A request for authorization is made for Onabotulinum toxin injected into cervical spine, 200 units.

IMR ISSUES, DECISIONS AND RATIONALES

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

Onabotulinum toxin injected into cervical spine, 200 units: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Botulinum toxin Page(s): 25-26.

Decision rationale: MTUS guidelines state that Botulism injections are recommended for cervical dystonia. This patient does not have a diagnosis of cervical dystonia. She has a diagnosis of cervicgia. Botulism injections are not recommended in the treatment of chronic pain conditions by MTUS guidelines. It is noted that she has had a prior Botulism toxin injection, but the exact benefits and duration of benefits derived from that procedure are not made clear in the documentation. This request is not considered medically necessary.