

Case Number:	CM15-0063071		
Date Assigned:	04/09/2015	Date of Injury:	08/25/2003
Decision Date:	06/01/2015	UR Denial Date:	03/30/2015
Priority:	Standard	Application Received:	04/03/2015

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, Arizona
 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 42 year old female, who sustained an industrial injury on 08/25/2003. The mechanism of injury involved heavy lifting. The injured worker was diagnosed as having bilateral neurology-thoracic outlet syndrome, brachial plexopathy, cervical dystonia and bilateral shoulder and finger sprain/strain/tendinitis. There is no record of a recent diagnostic study. Treatment to date has included multiple surgeries, Botox, acupuncture, physical therapy, steroid injections, occupational therapy, exercises, massage, bracing and ultrasound and light therapy. The injured worker presented on 01/06/2015 for a follow-up evaluation. The physician progress note is handwritten and mostly illegible. The physician noted no change in the injured worker's physical examination. A Request for Authorization form was submitted on 01/06/2015 for Botox injections, an ultrasound, and a bed with a gatch.

IMR ISSUES, DECISIONS AND RATIONALES

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

Botox 300 units: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Botulinum toxin (Botox; Myobloc). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Botox.

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

Decision rationale: The California MTUS Guidelines do not recommend Botox injections for chronic pain disorders. They are recommended for cervical dystonia. In this case, the provider noted a diagnosis of headache/migraine as well as dystonia. However, it is noted that the injured worker received Botox injections in 2011 and 2014. There is no documentation of objective functional improvement following the initial procedure. Additional treatment would not be supported in this case. The request as submitted also failed to indicate the specific body part to be treated. Given the above, the request is not medically necessary.

Cardiology consultation and follow-up: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7: Independent Medical Examinations and Consultations, page 127 and on the Non-MTUS website, <http://www.ncbi.nlm.nih.gov/pubmed/25173539>.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92.

Decision rationale: California MTUS/ACOEM Practice Guidelines state, a referral may be appropriate if the practitioner is uncomfortable with the line of inquiry outlined above, with treating a particular cause of delayed recovery, or has difficulty obtaining information or agreement to a treatment plan. In this case, there is no documentation of cardiac disease or a significant abnormality to support the necessity for a cardiology consultation. The request as submitted for a consultation and a follow-up visit would not be supported, as the subsequent follow-up visit would be based on the injured worker's initial consultation and treatment plan. Given the above, the request is not medically necessary.

Bed to gatch with foam mattress: 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), Mattress Selection.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Mattress selection.

Decision rationale: Official Disability Guidelines do not recommend using firmness as sole criteria for mattress selection. Mattress selection is subjective and depends on personal preference and individual factors. It is unclear how the requested item will specifically address the injured worker's current condition or improve function. The medical necessity for the requested service has not been established. As such, the request is not medically appropriate.

Radiofrequency ablation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173.

Decision rationale: The California MTUS/ACOEM Practice Guidelines state there is limited evidence that radiofrequency neurotomy may be effective in relieving or reducing cervical facet joint pain among patients who have had a positive response to facet injections. In this case, there is no documentation of a recent facet diagnostic injection procedure. In addition, the request as submitted failed to indicate the specific body part to be treated. Given the above, the request is not medically necessary.