

Case Number:	CM15-0063556		
Date Assigned:	04/09/2015	Date of Injury:	08/13/2012
Decision Date:	05/12/2015	UR Denial Date:	02/26/2015
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: Ohio, West Virginia

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Medical Toxicology

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 54-year-old female, who sustained an industrial injury on August 13, 2012. She reported neck, bilateral shoulder, bilateral wrist, bilateral hands, and back injuries. The injured worker was diagnosed as having rule out carpal tunnel syndrome, degenerative lumbar intervertebral disc, thoracic outlet syndrome, chronic pain, disorder of right shoulder, cervical spondylosis without myelopathy, rule out radial styloid tenosynovitis, degenerative cervical intervertebral disc, and myofascial pain. Treatment to date has included MRI, electromyography/nerve conduction study (EMG /NCS), physical therapy, acupuncture, chiropractic therapy, home exercise program, work modifications, massage therapy, cervical epidural steroid injection with more than 50% relief, and medications including topical pain, opioid, and antidepressant. On March 6, 2015, the injured worker complains of constant aching and dull bilateral neck pain radiating to both shoulders with right upper extremity numbness. The intensity of the pain is variable. Medications and massage therapy are helpful. She complains of intermittent aching, dull bilateral low back pain and constant aching, dull, and shooting pain of the right shoulder, right forearm, and right wrist with numbness in the right upper extremity. The intensity of the pain is variable. The physical exams revealed a normal gait, tenderness of the cervical paraspinal muscles overlying the facet joints on both sides, trigger points over the upper paraspinal muscles on bilaterally, bilateral upper trapezius muscle spasms, and decreased cervical range of motion. There was normal range of motion of the shoulders, right shoulder, right elbow, right wrist, and right hand, without muscle atrophy. Jamar was Right/left =20/40 pounds. The treatment plan includes a Botox injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Botox injections #100: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines botulism toxin Page(s): 24-25.

Decision rationale: MTUS states regarding Botox; "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. Several recent studies have found no statistical support for the use of Botulinum toxin A (BTX-A) for any of the following: Myofascial analgesic pain relief as compared to saline. (Qerama, 2006) Use as a specific treatment for myofascial cervical pain as compared to saline. (Ojala, 2006) (Ferrante, 2005) (Wheeler, 1998) Injection in myofascial trigger points as compared to dry needling or local anesthetic injections. (Kamanli, 2005) (Graboski, 2005). Recent systematic reviews have stated that current evidence does not support the use of BTX-A trigger point injections for myofascial pain. The available medical records describe no diagnosis of cervical dystonia (a disorder unlikely to be associated with an industrial injury). The IW's diagnoses do include cervical myofascial pain and chronic pain, which are specifically mentioned by the MTUS as not being an indication for Botox injections. As such, the request for Botox injections #100 is deemed not medically necessary.