

Case Number:	CM15-0067517		
Date Assigned:	04/15/2015	Date of Injury:	05/10/1999
Decision Date:	05/20/2015	UR Denial Date:	03/12/2015
Priority:	Standard	Application Received:	04/09/2015

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: Texas, Florida

Certification(s)/Specialty: Anesthesiology, 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:

The injured worker is 39-year-old male who sustained an industrial injury on 5/10/1999. His diagnoses, and/or impressions, include: chronic neck and shoulder pain; traumatic cephalgia - resolved; cervico-dorsal myofascial chronic sprain syndrome with radiculopathy and nerve root irritation; and left shoulder trauma with internal derangement. His treatments have included physical/myofascial therapy for the cervical spine- moderately helpful but not long lasting; and previous Botox injections which was extremely effective is relieving all the symptoms for more than 1 year in each occasion of use. The history notes a right wrist injury on 11/2/2005, a knee injury on 3/16/07, and a left heel injury on 2/6/2012. The progress notes documented complaints of continued left-sided neck and shoulder pain. The physician's requests for treatments included a repeat injection, with Botox, to the nerve root.

IMR ISSUES, DECISIONS AND RATIONALES

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

Injection treatment of nerve: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 23, 25. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Neck and Upper Back.

Decision rationale: The CA MTUS did not fully address the comprehensive utilization of Botulinum toxin in the treatment of chronic pain conditions. The ODG and FDA indications for the use of Botulinum toxin include treatments of intractable migraine, cervical dystonia and spasticity. The records indicate that the patient failed conservative treatments with medications and PT. There is documentation of sustained significant pain relief and functional restoration following previous treatments with Botulinum toxin injections. The criteria for Botox injections was met.