

Case Number:	CM15-0067673		
Date Assigned:	04/15/2015	Date of Injury:	08/23/2013
Decision Date:	05/14/2015	UR Denial Date:	03/17/2015
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: California

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 68 year old male with an industrial injury dated 01/01/1978-08/23/2013. Diagnosis/assessment included cervical disc disease, cervical facet syndrome and right torticollis. Prior treatments included physical therapy, home exercise program, TENS unit, diagnostics (to include MRI) and medications. She presents on 02/24/2015 with complaints of pain in the cervical spine rated as 6/10. The pain is described as stiffness with discomfort and spasm. Physical exam of the cervical spine revealed moderate tenderness over the cervical paraspinal musculature extending to the right trapezius muscle. Cervical spine range of motion was limited. Treatment plan includes Botox injection for torticollis, epidural steroid injection, medications and to continue the use of her TENS unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Botox injection to the right sternocleidomastoid: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Botulinum toxin (Botox; Myobloc) Page(s): 25-26.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Botulinum Toxin, pages 25-26.

Decision rationale: Injecting botulinum toxin has been shown to be effective in reducing pain and improving range of motion (ROM) in cervical dystonia, a non-traumatic or industrial disorder. While existing evidence shows injecting botulinum toxin to be safe, caution is needed due to the scarcity of high-quality studies. There are no high quality studies that support its use and MTUS does not recommend it for whiplash-associated disorder, chronic neck pain, headaches, fibromyositis, myofascial pain syndrome, and would be precluded for diagnosis of cervical disc and facet disease. Report from the provider has not documented clinical findings or functional limitations to support for Botox injection, only noting unchanged pain neck pain complaints. There are no exam findings or neurological deficits documented in relation to the neck disorder or posttraumatic head disorder nor are there any functional benefit documented from conservative treatment previously rendered. Submitted reports have not demonstrated subjective pain relief, functional improvement in ADLs, decreased in medical utilization or increased in work status for this chronic injury. Medical necessity has not been established. The Botox injection to the right sternocleidomastoid is not medically necessary and appropriate.