

Case Number:	CM15-0068367		
Date Assigned:	05/20/2015	Date of Injury:	01/12/2001
Decision Date:	06/17/2015	UR Denial Date:	03/23/2015
Priority:	Standard	Application Received:	04/10/2015

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: Emergency Medicine

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 61 year old female with an industrial injury dated 01/12/2001 resulting in neck pain, headache, bilateral arm pain, low back pain, leg pain and bilateral temporomandibular joint pain. Her diagnoses included degeneration of cervical intervertebral disc, temporomandibular joint pain, migraine and Cervicalgia. Prior treatment included Botox injections. She presents on 03/02/2015 for neck pain with headache. She reports that temporomandibular joint pain triggers migraine. She complains of associated symptoms of nausea and vomiting. The provider documents the injured worker has been denied oral medications which have resulted in decrease in function. She states that she cannot sleep and is struggling with activities of daily living including housework and driving. Physical exam noted there was slight forward flexion of the head and slight straightening of the cervical lordosis. Range of motion was decreased. The paravertebral and trapezius muscles had trigger points. The lower paravertebral muscles were tender. Lumbar spine range of motion was decreased with tenderness noted. The treatment plan included injection of Botox for temporomandibular joint dystonia, migraine headache, cervical and lumbar dystonia. The provider documents the injured worker becomes dysfunctional without Botox for cervical and lumbar dystonia; temporomandibular joint worsens leading to reversal of progress with restoration of dental occlusion. Documentation also notes the injured worker's headaches double in frequency and intensity. She rates her pain at the time of the visit as 9/10, her least pain severity as 5/10 and her wrist pain as 9/10. She states pain is worse than her last visit. The request is for 200 units of

Botox for lumbar, cervical and temporomandibular joint dystonia. Work status is temporarily totally disabled.

IMR ISSUES, DECISIONS AND RATIONALES

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

200 units of Botox injections for the lumbar spine, cervical spine and TMJ dystonia:

Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG: Low Back: Botulinum toxin (Botox®) ODG: Pain: Botulinum toxin (Botox®).

Decision rationale: MTUS Chronic pain and ACOEM Guidelines do not have any sections that relate to this topic. As per Official Disability Guidelines, Botox is not recommended for low back pain. It has poor efficacy and is only recommended in situations of pain refractory to other treatments and in conjunction with functional restoration program. Guidelines for Botox of neck is for torticollis only which is a diagnosis being treated by provider. Justification for Botox injection is not consistent with documentation. Patient has noted muscle spasms and decreased range of movement of back but is not consistent with dystonia. Botox injection is not medically necessary.