

<b>Case Number:</b>	CM15-0068874		
<b>Date Assigned:</b>	04/16/2015	<b>Date of Injury:</b>	02/20/2013
<b>Decision Date:</b>	05/21/2015	<b>UR Denial Date:</b>	03/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	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: 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 a 44 year old male, who sustained an industrial injury on February 20, 2013. He reported lifting cases of beer and noted a strain to his neck and back spasms. The injured worker was diagnosed as having cervical radiculopathy, dystonia, cervical spasm, and status post cervical fusion. Treatment to date has included carpal tunnel syndrome, acupuncture, physical therapy, trigger point injections, electrodiagnostic study, cervical spine surgery and medications. Currently, the injured worker complains of intense pain in the neck that radiates to the left eye, developing headaches that lasted 18-20 days. The Secondary Treating Physician's report dated March 4, 2015, noted the injured worker with spasms around the right rhomboids, right suprascapular muscle, and right levator scapular muscle, present also to a lesser extent on the left side. The Physician requested authorization for Botox chemodenervation of the bilateral scapular and cervical paraspinal muscles, to relax the injured worker's muscles, reduce the need for medications, reduce any sedation, and hopefully give him adequate relief so that the physical therapy and stretching will become more effective. The injured worker was noted to be working full time. The medications listed are Percocet, meloxicam, Flexeril and Tramadol.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Botox injection 100 units x2 neck:** Overturned

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

**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 Head Neck and Upper Back.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that Botulinum toxin can be utilized for the treatment of cervical dystonia when conservative treatments with medications and PT have failed. The records indicate that the patient had completed surgery, medications, PT and trigger point injections. The subjective and objective findings of cervical dystonia, cervicalgia and myofascial spasm had persistent. The criteria for Botox 100units X 2 to neck was met. The request IS medically necessary.