

Case Number:	CM15-0068981		
Date Assigned:	04/16/2015	Date of Injury:	06/12/2011
Decision Date:	06/11/2015	UR Denial Date:	03/31/2015
Priority:	Standard	Application Received:	04/12/2015

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, 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 38 year old female who sustained an industrial injury on 06/12/2011. The injured worker was diagnosed with brachial plexus lesion, neurovascular compression, scalene spasm/dystonia and chronic pain. Treatment to date includes conservative measures, diagnostic testing, Botox injection, right stellate ganglion block on November 13, 2014, multiple trigger point injections the latest dated on January 8, 2015, physical therapy and medications. The injured worker is status post scalene Botox injection. According to the primary treating physician's progress report on February 23, 2015, the injured worker continues to experience right upper extremity pain and presents for re-evaluation and medication review. The injured worker rates her pain at 8/10. Examination demonstrated right upper extremity tenderness to palpation and scalene spasm with reduced sensation and swelling. A positive Adson's sign was noted. Current medications are listed as Norco, Flexeril and Ativan. Treatment plan consists of home cervical traction unit, surgical consultation and the current request for right scalene Botox injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right scalene botox injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Botulinum toxin (Botox; Myobloc). Decision based on Non-MTUS Citation Official Disability Guidelines, shoulder Chapter, Regional anesthesia (for shoulder surgeries).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation x Other Medical Treatment Guideline or Medical Evidence: <http://www.ncbi.nlm.nih.gov/pubmed/21628084>.

Decision rationale: Regarding the request for right scalene Botox injection, California MTUS and ODG do not address the issue. A search of the National Library of Medicine revealed an article entitled Botulinum toxin injection for management of thoracic outlet syndrome: a double-blind, randomized, controlled trial. This article concluded that BTX-A injections to the scalene muscles did not result in clinically or statistically significant improvements in pain, paresthesias, or function in this population of subjects with thoracic outlet syndrome. In light of the above issues, the currently requested right scalene Botox injection is not medically necessary.