

Case Number:	CM15-0073048		
Date Assigned:	04/23/2015	Date of Injury:	11/24/2008
Decision Date:	05/20/2015	UR Denial Date:	03/26/2015
Priority:	Standard	Application Received:	04/16/2015

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: New Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 59 year old female, who sustained an industrial injury on 11/24/08. She reported pain in neck, right shoulder and right upper extremity. The injured worker was diagnosed as having post traumatic right brachial plexopathy with associated vascular headache, associated shoulder adhesive capsulitis and associated double crush nerve findings, right upper extremity epicondylitis and right shoulder impingement syndrome. Treatment to date has included ultrasound guided injections to right shoulder, physical therapy, oral medications and home exercise program. Currently, the injured worker complains of neck, right shoulder and right upper pain with limited range of motion. Physical exam noted moderate right scalene tenderness with positive right Roos brachial plexus tinel, costoclavicular abduction test and tenderness over the right pectoralis minor. Diffuse right shoulder tenderness with restricted range of motion and impingement as well as tenderness in the right medial epicondyle, right arcade of Frohse with right ulnar nerve compression cubital tunnel tinel with right upper extremity weakness is noted. The treatment plan included authorization request for right anterior scalene Botox chemo denervation with hyaluronidase under ultrasound guidance.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right anterior scalene botox chemodenervation with hyaluronidase under ultrasound guidance: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Botulinum toxin Page(s): 25-26. Decision based on Non-MTUS Citation Pain Med. 2010 Apr; 11 (4): 504-11, Single CT-guided chemodenervation of the anterior scalene muscle with botulinum toxin for neurogenic thoracic outlet syndrome.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Botulinum toxin Page(s): 25-26.

Decision rationale: According to MTUS guidelines, Botulinum toxin is not; Not generally recommended for chronic pain disorders, but recommended for cervical dystonia. See more details below. Not recommended for the following: tension-type headache; migraine headache; fibromyositis; chronic neck pain; myofascial pain syndrome; & trigger point injections. Several recent studies have found no statistical support for the use of Botulinum toxin A (BTXA) for any of the following: The evidence is mixed for migraine headaches. This RCT found that both botulinum toxin type A (BoNTA) and divalproex sodium (DVPX) significantly reduced disability associated with migraine, and BoNTA had a favorable tolerability profile compared with DVPX. (Blumenfeld, 2008) In this RCT of episodic migraine patients, low-dose injections of BoNTA into the frontal, temporal, and/or glabellar muscle regions were not more effective than placebo. (Saper, 2007) Botulinum neurotoxin is probably ineffective in episodic migraine and chronic tension-type headache (Level B). (Naumann, 2008) Myofascial analgesic pain relief as compared to saline. (Qerama, 2006) Use as a specific treatment for myofascial cervical pain as compared to saline. (Ojala, 2006) (Ferrante, 2005) (Wheeler, 1998) Injection in myofascial trigger points as compared to dry needling or local anesthetic injections. (Kamanli, 2005) (Graboski, 2005). In summary and according to MTUS guidelines, Botulinum toxin is not generally recommended for chronic pain disorders, but recommended for cervical dystonia. It is not recommended for migraine headache, tension headache, chronic neck pain, trigger point injection, and myofascial pain. Therefore, the request for Right anterior scalene botox chemodenervation with hyaluronidase under ultrasound guidance is not medically necessary.