

<b>Case Number:</b>	CM15-0097720		
<b>Date Assigned:</b>	05/28/2015	<b>Date of Injury:</b>	06/09/2014
<b>Decision Date:</b>	07/01/2015	<b>UR Denial Date:</b>	04/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/20/2015

### 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: Connecticut, California, Virginia  
 Certification(s)/Specialty: Preventive Medicine, Occupational 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:

This 21 year old female sustained an industrial injury to the head and cervical spine on 6/9/14. The injured worker subsequently suffered from ongoing migraines. Electroencephalogram (10/30/14) was normal. Previous treatment included physical therapy and medications. In a progress note dated 4/6/15, the injured worker complained of ongoing spasm in the neck. Physical exam was remarkable for cervical paraspinal muscle spasm and anterocollis. The physician noted that the injured worker continued to be disabled due to cervical dystonia. The treatment plan included continuing physical therapy and antiinflammatory medications and requesting authorization for Botox therapy so that activity could be advanced.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Botox - once every 3 months, QTY: 3:** Overturned

**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 Botox Page(s): 25-26.

**Decision rationale:** The MTUS addresses use of Botox in chronic pain, stating that it is not typically recommended for chronic pain, but may be utilized in cases of cervical dystonia. Cervical dystonia is a condition that is not generally related to workers compensation injuries (also known as spasmodic torticollis), and is characterized as a movement disorder of the nuchal muscles, characterized by tremor or by tonic posturing of the head in a rotated, twisted, or abnormally flexed or extended position or some combination of these positions. When treated with BTX-B, high antigenicity limits long-term efficacy. Botulinum toxin A injections provide more objective and subjective benefit than trihexyphenidyl or other anticholinergic drugs to patients with cervical dystonia. In this case, the provided documents include several letters from the treating physician asking for approval of the requested treatment. Given the provided records and the continued request in light of a diagnosis that meets the guidelines regarding consideration of treatment, the request is considered medically necessary.