

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Notice of Independent Medical Review Determination

Dated: 11/25/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/24/2013
Date of Injury:	4/21/2012
IMR Application Received:	7/30/2013
MAXIMUS Case Number:	CM13-0004663

- 1) MAXIMUS Federal Services, Inc. has determined the request for Botox 300 units injection to the cervical spine with EMG guidance **is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/30/2013 disputing the Utilization Review Denial dated 7/24/2013. A Notice of Assignment and Request for Information was provided to the above parties on 8/9/2013. A decision has been made for each of the treatment and/or services that were in dispute:

- 1) MAXIMUS Federal Services, Inc. has determined the request for Botox 300 units injection to the cervical spine with EMG guidance **is not medically necessary and appropriate.**

Medical Qualifications of the Expert Reviewer:

The independent Medical Doctor who made the decision has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, and is licensed to practice in Oklahoma. 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 treatments and/or services at issue.

Expert Reviewer Case Summary:

The patient is a 41-year-old male who reported a work-related injury as a result of a fall on 04/21/2012. Subsequently, the patient was diagnosed with traumatic brain injury with right occipital fracture, thoracic T5-6 compression fractures, right greater than left hand numbness, likely carpal tunnel syndrome, redness in eyes with pterygium, and photosensitivity. The clinical notes evidence that the patient presented status post Botox injections for cervical dystonia on 03/20/2013. The provider, Dr. [REDACTED], documents the patient was comfortable and examination revealed no spasms. The provider documented the patient again would require Botox therapy for the cervical dystonia 6 weeks status post initial injections. The clinical note dated 05/28/2013 reports the patient was again evaluated by Dr. [REDACTED]. The provider documented the patient was 4 weeks post Botox injections for cervical dystonia and continued to report positive efficacy. Examination revealed no cervical paraspinal muscle spasms. The provider documented the patient had done well following the Botox injections for the cervical dystonia. Again, in 6 weeks the patient would require this, 300 units of Botox including wastage would be needed. The provider documented the patient would continue physical therapy interventions. The clinical note dated 06/13/2013 reports the patient was seen for a new patient consultation under the care of Dr. [REDACTED]. The provider documented the patient complains of pain to the upper thoracic region, right knee pain, right lower leg pain, right arm pain, and right-sided neck pain. The provider reported the patient's pain is alleviated by Advil and cold showers. Upon physical exam of the patient, the patient provider documented cervical range of motion was within normal limits at 0 degrees to 50 degrees extension, rotation bilaterally at 80 degrees. The patient had 5/5 motor strength noted throughout. The patient did have reduced light touch throughout the right lower extremity and patchy reduced sensation in the right upper extremity. The provider documented the patient was found to have a normal cervical MRI and electrodiagnostic studies of the bilateral upper extremities revealed mild bilateral carpal tunnel syndrome. The provider recommended the patient utilize individual neuropsychological counseling sessions, discontinue Advil, and begin

naproxen sodium. The clinical note dated 07/10/2013 reports the patient again was seen under the care of [REDACTED]. The provider documents the patient is overdue for therapies for cervical dystonia. The provider reported exam revealed marked spasms in the cervical paraspinal muscles.

Documents Reviewed for Determination:

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- Application of Independent Medical Review
- Utilization Review Determination Promesa Health
- Medical Records from employee/employee representative
- Medical Treatment Utilization Schedule (MTUS)

1) Regarding the request for Botox 300 units injection to the cervical spine with EMG guidance:

Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the CA MTUS, Botulinum toxin, which is a part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Botulinum toxin (Botox®, Myobloc®), pages 25-26, which is part of the MTUS and the Official Disability Guidelines (ODG), Criteria for use in Cervical dystonia (spasmodic torticollis), which is not part of MTUS.

Rationale for the Decision:

The current request previously received multiple adverse determinations due to the clinical notes revealing marked spasm in the cervical paraspinal muscles; however, the employee does not present with significant true torticollis or cervical dystonia to support the requested intervention. In addition, the previous peer reviewer documented a lack of rationale for how an EMG would be helpful in guidance from injection to the cervical spine. Chronic Pain guidelines indicates, "Criteria for use of botulism in cervical dystonia patients includes (1) moderate or greater severity of cervical dystonia spasmodic torticollis. (2) There are chronic and autonomic involuntary contractures of multiple neck muscles. (3) There is sustained head torsion or tilt with limited range of motion in the neck. (4) The duration of condition is greater than 6 months. (5) Alternative causes of symptoms have been considered and ruled out, including chronic treatment or other neuromuscular disorders." The clinical notes evidenced initial consultation with the treating provider revealed the employee presented with no documentation of spasms, dystonia, or torticollis. In fact, the treating provider documented the employee had a normal MRI of the cervical spine and normal range of motion of the cervical spine upon physical exam. **The request for Botox 300 units injections to the cervical spine with EMG guidance is not medically necessary and appropriate.**

Effect of the Decision:

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the final determination of the Administrative Director, Division of Workers' Compensation. With respect to the medical necessity of the treatment in dispute, this determination is binding on all parties.

In accordance with California Labor Code Section 4610.6(h), a determination of the administrative director may be reviewed only if a verified appeal is filed with the appeals board for hearing and served on all interested parties within 30 days of the date of mailing of the determination to the employee or the employer. The determination of the administrative director shall be presumed to be correct and shall be set aside only upon proof by clear and convincing evidence of one or more of the grounds for appeal listed in Labor Code Section 4610.6(h)(1) through (5).

Sincerely,

Paul Manchester, MD, MPH
Medical Director

cc: Department of Industrial Relations
Division of Workers' Compensation
1515 Clay Street, 18th Floor
Oakland, CA 94612

/ejf

Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.