

Case Number:	CM13-0000566		
Date Assigned:	09/13/2013	Date of Injury:	02/10/2013
Decision Date:	02/11/2014	UR Denial Date:	05/06/2013
Priority:	Standard	Application Received:	06/05/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Pain Medicine and is licensed to practice in Florida. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 57 year old male with an injury 02/10/2013. The patient works at a shelter and on this day he was hit in the head twice within a 10 minute span of time and developed very bad headaches afterward. The patient complained of headache, memory difficulty, concentration difficulty, fatigue, and tinnitus. The clinical noted stated patient had MRI that was noted to be unremarkable except with some small vessel changes. The physician noted in physical exam that the headaches are felt to be vascular in nature. The patient is not able to be treated with medications due to ongoing no occupational liver problems. The clinical noted diagnosis of headache, concussion without loss of consciousness and blunt head trauma.

IMR ISSUES, DECISIONS AND RATIONALES

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

Botox Injections: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 175. Decision based on Non-MTUS Citation Official Disability Guidelines; Neck and Upper Back Procedure

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

Decision rationale: The request for Botox injections is non-certified. The patient complains of headache, memory difficulty, concentration difficulty and tinnitus. The patient had a MRI completed that showed unremarkable except some small vessel changes. California guidelines note Botox injections are not recommended for the following: tension-type headache; migraine headache; fibro myositis; chronic neck pain; myofascial pain syndrome and trigger point injections. Therefore the request is non-certified.