

Case Number:	CM13-0004890		
Date Assigned:	12/11/2013	Date of Injury:	09/06/2010
Decision Date:	01/31/2014	UR Denial Date:	07/19/2013
Priority:	Standard	Application Received:	07/31/2013

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 Neurology, has a subspecialty in Neuromuscular and is licensed to practice in California. 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:

██████████ is a 24 year old who developed headache for several weeks. According to the note of July 10 2013, the patient has had daily headaches over the past 3-4 weeks with 3 emergency room visits. She has a disabling daily headache for more than 15 days lasting more than 4 hours. Her neurological examination was normal. There is cervical and thoracic tenderness. The patient tried several medications for her headaches including NSAIDs, narcotic, anti seizure medications without improvement of her headache. Her provider is requesting Botox injection to manage her headache.

IMR ISSUES, DECISIONS AND RATIONALES

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

Botox Injection 200 Unitsashl X 2 Weeks 12 Weeks Apart: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 25-26.

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

Decision rationale: According to MTUS guidelines, Botox injection is not recommended for chronic pain disorders, but recommended for cervical dystonia. It is also not recommended for

migraine headache and tension type headache. Therefor Botox injection is not medically necessary in this case.