

Case Number:	CM13-0009152		
Date Assigned:	12/11/2013	Date of Injury:	09/25/2012
Decision Date:	02/02/2014	UR Denial Date:	07/29/2013
Priority:	Standard	Application Received:	08/08/2013

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 Occupational Medicine 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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic head and neck pain reportedly associated with an industrial injury of September 25, 2012. Thus far the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; long-acting opioids; a normal awake and sleep EEG of January 7, 2013; and extensive periods of time off of work. The applicant's case and care have been complicated by issues related to dizziness, vertigo, posttraumatic headaches, fractured hand and wrist, insomnia, depression, and pseudotumor cerebri. In a utilization review report of July 29, 2013, the claims administrator denied a request for Botox injections. The applicant's attorney subsequently appealed. A progress note of July 9, 2013 suggested the applicant is having unremitting headaches everyday with associated dizziness, nausea, and vomiting. She is given diagnosis of chronic posttraumatic headache and postconcussion syndrome. Botox injections are sought for unremitting headaches. Imitrex is endorsed in the interim. The applicant is placed off of work on this date. An earlier note of October 24, 2013 is seemingly notable for comments that the applicant is having issues with headaches, dizziness, vertigo, depression, and fatigue. She is off of work, it is stated.

IMR ISSUES, DECISIONS AND RATIONALES

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

Botox injection to the neck: 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 section on Botulinum toxin Page(s): 25,26.

Decision rationale: As noted on page 26 of the MTUS Chronic Pain Guidelines, Botox injections are recommended in the treatment of cervical dystonia, a condition that is not generally related to workers' compensation injuries, and is characterized by spasmodic movement disorder of the nuchal muscles with associated tremor. Botox injections are not recommended in the treatment of the chronic neck pain with associated migraine versus posttraumatic headache seemingly present here according to the medical records provided for review. Consequently, the request for a Botox injection to the neck is not medically necessary and appropriate.