

Case Number:	CM13-0009186		
Date Assigned:	01/10/2014	Date of Injury:	05/28/2010
Decision Date:	12/31/2014	UR Denial Date:	08/02/2013
Priority:	Standard	Application Received:	08/09/2013

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain 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 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/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:

This is a patient with a date of injury of 5/28/10. A utilization review determination dated 8/2/13 recommends non-certification of Botox injections. The 7/3/13 medical report identifies chronic migraine headaches associated with chronic pain muscle spasm arising from right thoracic and cervical region. Medications include Celebrex, Pristiq, Lyrica, Imitrex, Voltaren gel, ThermaCare wraps, Pennsaid, and other topical medications. She has had Botox injections with decrease in headache frequency and severity. Trigger point injection also decreased spasms. On exam, there is tenderness, limited ROM, trigger points with twitch response, and muscle spasm. Trigger point injections were performed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Botox injections x 4 every 12 weeks to skull, posterior neck: Upheld

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 Page(s): 25-26 OF 127.

Decision rationale: Regarding the request for Botox, Chronic Pain Treatment Guidelines state that botulinum toxin is not generally recommended for chronic pain disorders, but recommended

for cervical dystonia, defined 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. Guidelines go on to state specifically that botulinum is, "not recommended for the following: tension-type headache; migraine headache; fibromyositis; chronic neck pain; myofascial pain syndrome; and trigger point injections." Within the documentation available for review, the requesting physician has suggested that the botulinum toxin will be injected for the patient's headaches. Clearly, Chronic Pain Medical Treatment Guidelines do not support the use of botulinum for this diagnosis. Therefore, in the absence of cervical dystonia, the currently requested Botox injections are not medically necessary.