

<b>Case Number:</b>	CM13-0010743		
<b>Date Assigned:</b>	11/06/2013	<b>Date of Injury:</b>	10/29/2008
<b>Decision Date:</b>	01/22/2014	<b>UR Denial Date:</b>	07/19/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/14/2013

### 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 Anesthesiology 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:

Claimant is a 43-year-old injured worker presenting with chronic neck pain and chronic headaches following a work-related injury on October 29, 2008. The claimant complains of pain in the bilateral anterior neck, bilateral lateral neck, bilateral posterior neck and bilateral shoulders. The pain radiates to bilateral upper arms of those and bilateral forearm and is relieved with heating pad, eyes, narcotic analgesics, and rest. The claimant has taken Fiorinal, Naprosyn, Soma, Norco, Trazodone, Gabapentin, Xanax, and Ambien. The claimant had Botox in the past which helped relieve neck and shoulder pain as well as headaches. The provider recommended Botox.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Botulinum toxin:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 25.

**Decision rationale:**