

Case Number:	CM13-0025747		
Date Assigned:	11/20/2013	Date of Injury:	11/14/2007
Decision Date:	01/29/2014	UR Denial Date:	09/04/2013
Priority:	Standard	Application Received:	09/18/2013

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 Toxicology and Addiction Medicine and is licensed to practice in Massachusetts and New York. 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:

This 54 year old patient who was working as a stunt and crew man sustained an injury on November 14, 2011. As per the patients report, an explosion happened and a compacted mud hit his back. Ever since he has been complaining of Headaches and backpain. He also has situational depression. He has undergone multiple interventional pain procedures such as facet joint injection, rhizotomy, Botox injection. It is documented that previous botox was helpful for the patient in alleviating his headache

IMR ISSUES, DECISIONS AND RATIONALES

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

Botox Injection: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Head Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 25-29. Decision based on Non-MTUS Citation Grady J. Ferneinei EM Botulinum toxin A, Headache treatment, Conn Med. 2013, March 77.

Decision rationale: Patient has documented diagnosis of paroxysmal hemicranias and cervical headache. The literature currently suggests a modest effect, if any, with the use of botulinum

toxin A for the prophylactic treatment of chronic migraine and tension-type headache, and further prospective, randomized, double-blinded studies are needed. Even though there is report that patient had a positive response from previous botox injections, there is no documentation of positive response from most recent botox injection in august 2013. Also there is a possibility that while there was a positive response to botox, he was also recieving various other modes of pharmacologic and interventional pain procedures, so it may not be the botox that might have had the positive response. In order to prove a consistent benefit from previous botox (specific percentage reduction and duration of pain relief), the response to august 2013 botox is important. The request for Botox is not medically necessary