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| Case Number: | CM13-0029963 | | |
| Date Assigned: | 03/03/2014 | Date of Injury: | 08/22/2011 |
| Decision Date: | 12/17/2014 | UR Denial Date: | 09/24/2013 |
| Priority: | Standard | Application Received: | 09/27/2013 |

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 female patient with a date of injury of August 22, 2011. A utilization review determination dated September 24, 2013 recommends non-certification of Botox injection for migraine headaches, trigger point injections x4 for the cervical area, and trigger point injections x4 for the lumbar area. A progress note dated September 6, 2013 identify subjective complaints of return of migraine headaches after being approximately 3 1/2 months migraine free following a Botulinum toxin injection on May 23, 2013. The patient also reports increased pain in her trapezius muscle, cervical paraspinal muscle, and lumbar spine. The patient had trigger point injections in April 2013 with more than 50% improvement of her pain. The patient has ongoing low back pain and is on Cymbalta and Amrix. The patient's pain level is rated at a 6-7/10. The patient's pain is aggravated by activity. The physical examination reveals decreased cervical spinal range of motion, taut bands over bilateral trapezius muscles and supraspinatus muscles with referral of the pain into bilateral upper extremities, the thoracolumbar spine range of motion is decreased, straight leg raise test is positive at 40 on the right, there is tenderness to palpation over the lumbar paraspinal muscles, and decreased sensation in the right L5 dermatomal distribution to pin prick and light touch. The diagnoses include chronic migraine headaches with more than 20 headaches per month, syringomyelia, cervical degenerative disease, neck pain, thoracic sprain/strain, lumbar sprain/strain, lumbar radiculopathy, lumbar degenerative disc disease, and myofascial pain of the cervical and lumbar spine. The treatment plan recommends Botox injections for the treatment of migraine headaches, and a request for authorization for trigger point injections for the cervical and lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Botox injection for migraine headache: Upheld

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

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

Decision rationale: Regarding the request for Botox (Botulinum toxin) injection for migraine headache, Chronic Pain Treatment Guidelines state that Botulinum toxin is not generally recommended for chronic pain disorders, but recommended for cervical dystonia. 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 migraine headache. Clearly, Chronic Pain Medical Treatment Guidelines do not support the use of Botulinum for this diagnosis. As such, the currently requested Botox (Botulinum toxin) injection for migraine headache is not medically necessary.

Trigger point injections x4 cervical area: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 122. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain Chapter, Trigger Point Injections

Decision rationale: Regarding the request for trigger point injections x4 for the cervical area, Chronic Pain Medical Treatment Guidelines support the use of trigger point injections after 3 months of conservative treatment provided trigger points are present on physical examination. ODG states that repeat trigger point injections may be indicated provided there is at least 50% pain relief with reduction in medication use and objective functional improvement for 6 weeks. Within the documentation available for review, there is no physical examination finding of a twitch response. Additionally, there is no documentation of failed conservative treatment for 3 months. Finally, there is documentation of at least 50% pain relief with prior trigger point injection; but there is no documentation of a reduction in medication use and objective functional improvement for 6 weeks, as a result of previous trigger point injections. In the absence of such documentation, the requested trigger point injections x4 for the cervical area are not medically necessary.

Trigger point injections x4 lumbar area: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point Injections Page(s): 122. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain Chapter, Trigger Point Injections

Decision rationale: Regarding the request for trigger point injections x4 for the lumbar area, Chronic Pain Medical Treatment Guidelines support the use of trigger point injections after 3 months of conservative treatment provided trigger points are present on physical examination. ODG states that repeat trigger point injections may be indicated provided there is at least 50% pain relief with reduction in medication use and objective functional improvement for 6 weeks. Within the documentation available for review, there are no physical examination findings consistent with trigger points, such as a twitch response as well as referred pain upon palpation. Additionally, there is no documentation of failed conservative treatment for 3 months. Furthermore, there are physical examination findings consistent with radiculopathy. Finally, there is documentation of at least 50% pain relief with prior trigger point injection; but there is no documentation of a reduction in medication use and objective functional improvement for 6 weeks, as a result of previous trigger point injections.. In the absence of such documentation, the requested trigger point injections x4 for the lumbar area are not medically necessary.