

Case Number:	CM13-0030377		
Date Assigned:	11/27/2013	Date of Injury:	11/20/1991
Decision Date:	01/24/2014	UR Denial Date:	09/10/2013
Priority:	Standard	Application Received:	09/26/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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:

This is a 67 year-old, male with an 11/20/1991 injury. According to the 10/10/13 letter from the injured worker, he was involved in a work-related motor vehicle accident and sustained fracture to 7 ribs, left clavicle, and punctured left lung. He underwent 4 surgeries on the left shoulder, and 1 on the right from 1992-96. He reports a 2nd work-related motor vehicle accident on 8/19/1997. The medical reports from [REDACTED] do not list a diagnosis, but describe sleeping problems, headaches, epigastric pain, and lumbar sciatica. The IMR application shows a dispute with the 9/10/13 utilization review decision, which is by [REDACTED] and is for non-certification for Botox times two sessions for Migraines; a third surgical consult for oblique special procedure; and for an epidural injection, all based on the 8/26/13 medical report by [REDACTED]. The 8/26/13 report states he requests the third surgical opinion for oblique special procedure with [REDACTED], and in the interim requests an ESI. For the headaches, described as migraines, [REDACTED] requests authorization for two sessions of Botox chemodeneravation.

IMR ISSUES, DECISIONS AND RATIONALES

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

request for two sessions of Botox chemodenervation for migraine: 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: A patient letter is included for my review, where he indicates that the Botox injections have helped his headaches for a couple months. Unfortunately, with SB863 and LC 4610.5 (2), the definition of "medical necessity" has been defined as medical treatment in accordance with MTUS guidelines. The California MTUS Chronic Pain Medical Treatment guidelines (page 25) for Botulinum toxin states, "Not recommended for the following: tension-type headache; migraine headache; fibromyositis; chronic neck pain; myofascial pain syndrome; & trigger point injections." The 8/26/13 report from [REDACTED], states he is requesting Botox for chronic migraine headaches. The request is not in accordance with MTUS guidelines.

request for a third surgical spine consult for oblique special procedure: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-306.

Decision rationale: According to the records, the patient has seen [REDACTED] at [REDACTED] for a minimally invasive spinal surgical consult in 2012. He was then sent to [REDACTED] for a 2nd opinion on the minimally invasive surgical consult, and [REDACTED] suggested he see [REDACTED] for the minimally invasive "oblique" approach. This appears to be the third surgical consult, but the first consult for the OLIF procedure. The ACOEM guidelines (p.127) suggest a consultation if the plan or course of care could benefit from additional expertise. The requested topic for consultation would appear to be in accordance with ACOEM guidelines.

request for an epidural injection: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection Section Page(s): 46-47.

Decision rationale: The California MTUS states epidural steroid injections are "recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy)." The California MTUS gives specific criteria for epidural steroid injections, the first item is: "Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing." The available records did not report a dermatomal distribution of pain. There were no exam findings of any neurologic deficits following a dermatomal or any specific radicular pattern, and the 8/26/13 report from [REDACTED] did not list the level of the ESI requested. The California MTUS criteria for an ESI have not been met