

Case Number:	CM13-0033215		
Date Assigned:	12/06/2013	Date of Injury:	06/03/2008
Decision Date:	02/13/2014	UR Denial Date:	09/17/2013
Priority:	Standard	Application Received:	10/09/2013

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 Addiction and Toxicology, has a subspecialty in Pediatrics and is licensed to practice in New York, New Hampshire and Washington. 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:

The patient is a 56 year old female who suffered a closed head injury on 9/12/13. She also had balance issues, memory deficits and migraine headaches. Treatment to date includes chiropractic therapy, physical therapy, and Botox injections. The treatment in dispute is botox injection 200 units with [REDACTED] in office.

IMR ISSUES, DECISIONS AND RATIONALES

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

Botox injection 200 units with [REDACTED] in office: 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)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 20-21. Decision based on Non-MTUS Citation <http://dailymed.nlm.nih.gov/dailymed/lookup.cfm?setid=33d066a9-34ff-4a1a-b38b-d10983df3300> Botox Adverse effects.

Decision rationale: As per MTUS guidelines 2009, not recommended for chronic pain disorders, but recommended for cervical dystonia. I extensively reviewed the medical records submitted but could not substantiate the diagnosis of focal dystonia. Also there is no

documentation of specific percentage reduction and duration of pain reduction after previous Botox injections. This information is crucial, because Botox injection is not a benign treatment; ironically one of the side effects is migraine and headache. At this point there is no evidence to support another botox injection treatment.