MAXIMUS Federal Services

Case Number:	CM13-0033332		
Date Assigned:	12/06/2013	Date of Injury:	06/03/2008
Decision Date:	02/10/2014	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 Physical Medicine & Rehabilitation, has a subspecialty in Pain Management, 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 56 year-old teacher with a 6/2/08 industrial injury claim. According to the 10/10/12 AME from [redacted], no mechanism of onset, just gradual increase in headaches, neck pain, equilibrium problems and cognitive problems. Symptoms were helped with chiropractic care. She reported several subsequent injuries, and noted increase in the dizziness when she extended her neck. Botox injections helped for about a week and the symptoms returned. They also helped with headaches, but the symptoms returned. A different picture of the patient's presentation is presented with [redacted]. According to the 9/9/13 report from [redacted], the mechanism of onset was a collision with a large student, with head-to-head contact, and she had a concussion with intracranial bleeding. [redacted] reports subsequent high velocity head injuries. Botox was reported to help function, but did not completely relieve the headache symptoms and chiropractic care was reported to not help.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical median branch nerve block bilateral C2, C3, C4: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 12 Low Back Complaints Page(s): 174-175, 300-301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)-Treatments in Workers Comp (TWC), Neck Chapter, for facet joint injections

Decision rationale: ACOEM guidelines indicate that radiofrequency ablation may be of benefit in the cervical spine, and indicates this is only after diagnostic facet evaluation. The ODG guidelines give criteria for the diagnostic facet/median branch block (MBB). The employee's provider does note the employee has pain with axial compression, and tenderness over the C2/3 and C3/4 facets. There is no history of fusion in the area. The employee appears to meet the criteria for diagnostic cervical MBB.

Botox injection 200 units: 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 Botulinum toxin Page(s): 25-26.

Decision rationale: The MTUS guidelines specifically indicate Botox is not recommended for migraine headaches. The procedure note, 1/23/13, form the employee's provider shows he is using Botox for chronic migraines. The request is not in accordance with MTUS guidelines.