

Case Number:	CM13-0034090		
Date Assigned:	12/06/2013	Date of Injury:	04/30/2009
Decision Date:	02/07/2014	UR Denial Date:	09/27/2013
Priority:	Standard	Application Received:	10/11/2013

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 Anesthesiology 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:

The patient is a 41-year-old female who reported an injury on 04/30/2009. The patient is currently diagnosed with chronic migraine and suboccipital neuralgia. The patient was seen by [REDACTED] on 08/29/2013. The patient reported ongoing headaches. Physical examination was not provided. Treatment recommendations included an MRI of the brain and 2 sessions of Botox therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Botox 100 units: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173.

Decision rationale: been shown to be effective in reducing pain and improving range of motion in cervical dystonia. There are no high-quality studies that support its use in whiplash-associated disorder. As per the clinical notes submitted, there is no evidence of cervical dystonia. There is also no evidence upon physical examination of clonic and/or tonic involuntary contraction of multiple neck muscles with sustained head torsion and/or tilt and limited range of motion. There

is also no evidence of a failure to respond to conservative treatment. There is also no indication that alternative causes of symptoms have been considered and ruled out. The patient has undergone an electrodiagnostic study, which indicated cervical radiculopathy. The medical necessity for the requested service has not been established. As such, the request is non-certified.