

<b>Case Number:</b>	CM13-0038251		
<b>Date Assigned:</b>	12/18/2013	<b>Date of Injury:</b>	04/19/2004
<b>Decision Date:</b>	03/12/2014	<b>UR Denial Date:</b>	09/06/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/30/2013

### 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, 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:

██████████ is a 48-year-old lady who has a cumulative work injury to multiple parts of the body. Her date of injury is April 19, 2004. Record does not described the mechanic of cumulative trauma and the duration of cumulative injury, but record of Agreed Medical Evaluation on 10/1/2007, indicated that she was established Permanent and Stationary with a work related diagnosis of cervical spine sprain/strain and status post bilateral carpal tunnel syndrome. However, after the Permanent and Stationary, she continues to get treatment, and has been on multiple medications for a residual of carpal tunnel syndrome, and for right shoulder pain, lateral epicondylitis, depression, neck pain and headache. She has been seen by a psychologist and had an epidural neck injection. In May 0f 2013, ██████████, Neurologist, who treated her migraine, suggested Botox injection for her Migraine in an effort to reduce her reliance on Triptan medication. However, the utilization review has not authorized Botox injection for migraine as California MTUS indicates that Botox is only recommended for Cervical Dystonia, and not recommended for Tension-Type Headache, Migraine Headache, Fibromyositis, Chronic Neck Pain, Myofascial Syndrome and Trigger Point Injection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Decision for Cervical Botox Injections:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Botox Page(s): 25. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), chapter: Pain

**Decision rationale:** MTUS Guidelines, as well as the ODG Pain chapter, clearly indicates that Botox is NOT generally recommended for chronic pain disorders, but is recommended for cervical dystonia. Guidelines state: "Not recommended for the following: tension-type headache; migraine headache; fibromyositis; chronic neck pain; myofascial pain syndrome; & trigger point injections." Therefore, Botox injection is considered not medically necessary.