

Case Number:	CM13-0043571		
Date Assigned:	12/27/2013	Date of Injury:	05/23/2012
Decision Date:	02/27/2014	UR Denial Date:	10/15/2013
Priority:	Standard	Application Received:	10/24/2013

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 Pediatric Rehabilitation Medicine, and is licensed to practice in Illinois and Texas. 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 55-year-old male who reported an injury on 5/23/12. The mechanism of injury was hitting his head on a car trunk. Since that time, the patient has complained of daily headaches. A CT scan of the head performed, but it did not show any abnormalities. The patient's headaches have failed to respond to medications such as Imitrex, Indocin, and amitriptyline. The patient also experiences some cognitive deficits and facial numbness as a result of his chronic headaches, and has been referred for a series of Botox injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Request for chemodenervation of muscles innervated by facial nerve, unilateral: 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 Page(s): 25-26.

Decision rationale: The California MTUS/ACOEM guidelines do not recommend Botox injections for any disorder other than cervical dystonia. Guidelines specifically state that Botox is not recommended for tension-type headaches, migraine headaches, fibromyositis, chronic neck

pain, myofascial syndrome, and trigger point injections. As there is no evidence in the clinical records that the patient suffers from cervical dystonia, the request is not indicated at this time. As such, the request is non-certified.