

Case Number:	CM13-0045140		
Date Assigned:	12/27/2013	Date of Injury:	06/02/1999
Decision Date:	02/24/2014	UR Denial Date:	10/02/2013
Priority:	Standard	Application Received:	10/31/2013

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 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 female patient with a date of injury of 6/2/99. A utilization review determination dated 10/2/13 recommends non-certification of Botox as its use for headaches is not supported, cervical epidural sympathetic block as it is not the gold standard sympathetic for the treatment of CRPS (and the reviewer felt that stellate ganglion blocks should be considered), and ultrasound as the rationale for its use was not clear and there was no indication that it would be utilized for placement of the Botox injection, epidural sympathetic blocks, etc. A peer-to-peer report dated 11/6/13 notes that the patient is on extreme doses of both oral and intrathecal medication, and the provider inherited her on these doses. She is stable and meeting goals of therapy. It allows her to provide daycare for her grandchildren and she is not exhibiting any significant side effects. The provider is open to a slow weaning protocol, but adjuvant non-opioid treatments are needed to facilitate the weaning protocol given the dosage and amount of time that she has been on the medication. A repeat cervical epidural was requested, as it was dramatically helpful for the patient. Botox for headaches was requested and a spinal cord stimulator was discussed. A progress report dated 8/20/13 identifies that the patient's intrathecal pump was refilled. Repeat cervical epidural sympathetic blocks were dramatically helpful and a series of three were requested. The patient was noted to have intractable migraines greater than 16 per month failing an extensive list of medications and treatments and a trial of Botox was recommended.

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 Chronic Pain Treatment Guidelines Page(s): 25-26.

Decision rationale: Regarding the request for Botox, California MTUS specifically notes that Botox is not recommended for migraine headaches. Within the documentation available for review, there is documentation that the Botox is intended for the treatment of intractable migraines. In light of the above issues, the currently requested Botox is not medically necessary.

Cervical Epidural Sympathetic Block: 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): 103-104.

Decision rationale: Regarding the request for cervical epidural sympathetic block, California MTUS support the use of stellate ganglion block, thoracic sympathetic block, & lumbar sympathetic block. ODG specifically notes that repeat sympathetic blocks are supported only if there is evidence of increased range of motion, pain and medication use reduction, and increased tolerance of activity and touch (decreased allodynia) is documented to permit participation in physical therapy/ occupational therapy. Within the documentation available for review, there is documentation that prior blocks have been "dramatically helpful." However, there is no documentation of support for the requested procedure and evidence of functional improvement as defined above allowing participation in therapy and/or independent home exercise. In the absence of such documentation, the currently requested cervical epidural sympathetic block is not medically necessary.

Ultrasound: 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): 173-174.

Decision rationale: Regarding the request for ultrasound, California MTUS cites that there is no high-grade scientific evidence to support the effectiveness or ineffectiveness of passive physical modalities such as ultrasound. Within the documentation available for review, there is no documentation identifying the specific site for and purpose of the ultrasound and if it is to be utilized for diagnostic purposes, therapeutic purposes, in conjunction with an interventional procedure, etc. Furthermore, there is no clear documentation of the medical necessity of the

ultrasound. In the absence of such documentation, the currently requested ultrasound is not medically necessary.