

Case Number:	CM13-0046512		
Date Assigned:	12/27/2013	Date of Injury:	07/12/2013
Decision Date:	04/24/2014	UR Denial Date:	11/05/2013
Priority:	Standard	Application Received:	11/12/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Internal Medicine, and is licensed to practice in Florida. 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 expert 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 patient is a 52 year-old with a date of injury of 07/12/13. A progress report associated with the request for services, dated 10/29/13, identified subjective complaints of daily occipital headaches. Objective findings included suboccipital tenderness and decreased range-of-motion of the cervical spine. Diagnoses included migraine headaches and cervicgia. Treatment has included analgesics, NSAIDs and muscle relaxants.

IMR ISSUES, DECISIONS AND RATIONALES

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

BOTOX INJECTION 155 UNITS FOR MIGRAINES AND CHRONIC DAILY HEADACHES: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 25-26.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines BOTULINUM TOXIN Page(s): 25-26.

Decision rationale: The MTUS Chronic Pain Guidelines state that botulinum toxin (Botox) is not recommended for chronic pain disorders except for cervical dystonia. It is specifically not recommended for tension-type headaches, migraine headaches, fibromyositis, chronic neck pain,

myofascial syndrome, & trigger point injections. Therefore, in this case, there is no documented medical necessity for Botox injections. The request is not medically necessary and appropriate.