

Case Number:	CM13-0047670		
Date Assigned:	12/27/2013	Date of Injury:	07/09/2011
Decision Date:	05/21/2014	UR Denial Date:	09/30/2013
Priority:	Standard	Application Received:	11/04/2013

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 Physical Medicine and Rehabilitation and is licensed to practice in Texas and Oklahoma. 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:

The injured worker is a 39-year-old male who reported an injury on 07/09/2011. The mechanism of injury was not stated. The current diagnosis is headache. The injured worker was evaluated on 09/16/2013. The injured worker reported chronic, daily headaches. The injured worker has been previously treated with occipital nerve blocks. Physical examination revealed a mildly slurred speech, a reserved mood and affect, and no evidence of abnormal involuntary movements. Treatment recommendations at that time included Botox therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

BOTOX THERAPY 64613 (DESTROY NERVE, NECK MUSCLE): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); BOTULINUM TOXIN.

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

Decision rationale: California MTUS Guidelines state Botox is not generally recommended for chronic pain disorders, but recommended for cervical dystonia. Botox is not recommended for tension type headaches, migraine headaches, fibromyositis, chronic neck pain, myofascial pain

syndrome, or trigger points. The injured worker does not maintain a diagnosis of cervical dystonia. It is noted that the injured worker reported chronic, daily headaches. As California MTUS Guidelines do not recommend Botox therapy for tension type headaches or migraine headaches, the current request cannot be determined as medically appropriate. As such, the request is non-certified.