

<b>Case Number:</b>	CM13-0048799		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	02/05/2009
<b>Decision Date:</b>	03/06/2014	<b>UR Denial Date:</b>	10/30/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/06/2013

### 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 Oklahoma 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 43-year-old who reported an injury on 02/05/2009 due to a motor vehicle injury. The patient sustained an injury to her cervical spine, lumbar spine, and shoulder. The patient underwent surgical intervention for the shoulder in 04/2010 that ultimately resulted in thoracic outlet syndrome. Prior treatments included physical therapy, medications, an L4-5 decompression surgery, and psychiatric support. The patient was evaluated on 10/28/2013 for continued shoulder pain, cervical pain, and lumbar pain, with an increase in migraine headaches. The patient's objective findings included tenderness to palpation of the left shoulder with a positive Hawkins, positive Neer's, and positive pain with range of motion. The cervical spine was positive for tenderness to palpation, positive rhomboid spasming, and positive Spurling's sign. Evaluation of the lumbar spine revealed positive spasming, tenderness to palpation of the paravertebral musculature, and depressed lower extremity reflexes with a positive bilateral straight leg raising test. The patient's diagnoses included left shoulder impingement, cervical and lumbar disc herniation. The patient's treatment plan includes Botox and platelet rich plasma injections.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Botox injection to the neck, left shoulder and head for migraines:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 25.

**Decision rationale:** California Medical Treatment Utilization Schedule does not support the use of Botox injections for migraine headaches. California Medical Treatment Utilization Schedule states that there is not enough scientific data to support the efficacy and safety of this type of treatment. It is noted within the documentation that the patient has previously received this treatment modality. However, an adequate assessment of the patient's pain relief and duration of pain relief was not provided to support additional Botox injections. Additionally, the documentation does not include other first-line therapies that have failed to treat this patient's migraine headache pain. The request for Botox injection to the neck, left shoulder and head for migraines is not medically necessary or appropriate.

**platelet rich plasma injection to the left shoulder:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter, Platelet-Rich-Plasma Injections Section.

**Decision rationale:** Official Disability Guidelines do not recommend platelet rich plasma injections to the shoulder, as this treatment is considered to be under study. Official Disability Guidelines would not support this treatment modality, as there is not enough scientific evidence to support the efficacy and safety and effectiveness of this treatment. The request for a platelet rich plasma injection to the left shoulder is not medically necessary or appropriate.