

<b>Case Number:</b>	CM13-0048992		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	08/29/2001
<b>Decision Date:</b>	02/27/2014	<b>UR Denial Date:</b>	10/07/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/07/2013

### 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 & Rehabilitation 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:

The patient is a 44-year-old female who reported an injury on 08/29/2001. The patient is diagnosed with chronic migraines. The patient was seen by [REDACTED] on 10/08/2013. The patient reported increased neck and upper extremity pain. Physical examination revealed positive straight leg raising on the left. Treatment recommendations included 200 units of Botox A for chronic migraine protocol as well as acupuncture treatment and psychological evaluation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Electromyographic (EMG) guidance for an injection of botulinum toxin:** 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. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck & Upper Back Chapter, Botulinum Injection.

**Decision rationale:** California MTUS/ACOEM Practice Guidelines state injecting botulinum toxin type A and B has been shown to be effective in reducing pain and improving range of motion and cervical dystonia. Official Disability Guidelines state botulinum toxin injections are recommended for cervical dystonia, but not recommended for mechanical neck disorders,

including whiplash. Botulinum toxin injections are not recommended for headache, fibromyositis, chronic neck pain, myofascial pain syndrome, or trigger point injections. There are no evidence based guidelines that recommend electromyography for an injection of botulinum toxin. The medical necessity has not been established. Therefore, the request is non-certified.