

Case Number:	CM13-0053283		
Date Assigned:	12/30/2013	Date of Injury:	01/27/2010
Decision Date:	06/27/2014	UR Denial Date:	11/08/2013
Priority:	Standard	Application Received:	11/18/2013

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 & Rehabilitation, has a subspecialty in Interventional Spine 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 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 patient is a 70 year old with an injury date on 1/27/10. Based on the 9/4/13 progress report provided by [REDACTED] the diagnoses are: 1. post concussion syndrome, onset: 1/27/10 2. other syndromes affecting cervical region, onset: 1/27/10 - occipital neuralgia 3. chronic migraine without aura; with intractable migraine; so stated, without mention of status migrainosus; with refractory migraine; so stated without mention of status migrainosus - post traumatic causation 4. displacement of cervical intervertebral disc without myelopathy Exam on 9/4/13 showed "C-spine decreased range of motion, carries head forward in 35 degree flexion. Cranial nerves showed normal findings. Mental status: oriented to person, place, problem, and time." PRCMG is requesting Botox injection. The utilization review determination being challenged is dated 11/8/13 PRCMG is the requesting provider, and he provided treatment reports from 1/17/13 to 9/27/13 .  

IMR ISSUES, DECISIONS AND RATIONALES

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

BOTOX INJECTION: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, 25-26,

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

Decision rationale: This patient presents with headaches, neck pain, and mild contusion/cognitive impairment from a head injury. The treater has asked Botox injection on 9/4/13 "to treat severe daily headache disorder" per 9/4/13 report. On 1/31/13, patient had initial evaluation to enter functional restoration program. Cervical ESI in March 2013 provided relief for 3 weeks. Patient states Relpax reduces headache pain by 70% but insurance will not approve it per 9/4/13 report. On 9/27/13, patient uses 2 Norco/day effectively when a severe headache is coming on. Patient is unable to drive, do household tasks, or even personal hygiene and dressing without medications per 9/27/13 report. Regarding Botox, MTUS recommends for cervical dystonia but not for chronic pain disorders, which include migraine headaches and tension-type headaches. In this case, patient has experienced pain relief from existing medication regimen for severe headaches, for which a Botox injection is not indicated per MTUS. Recommendation is for denial.