

Case Number:	CM13-0054054		
Date Assigned:	04/11/2014	Date of Injury:	08/09/2011
Decision Date:	06/30/2014	UR Denial Date:	10/24/2013
Priority:	Standard	Application Received:	11/15/2013

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 Anesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 21-year-old male with an 8/9/11 date of injury. At the time of request for authorization for Botox injections 100 units into the scalp and cervical paraspinal muscles for chronic headaches, there is documentation of subjective findings of chronic headaches described as throbbing and located at the bilateral temples. The current diagnosis is chronic pain and headache. The treatment to date includes acupuncture and Botox injections. Medical report identifies that the patient has had moderate decrease in headache pain as a result of previous Botox injections. There is no documentation of migraine headaches, cervical dystonia, and/or chronic low back pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

BOTOX INJECTIONS 100 UNITS INTO THE SCALP AND CERVICAL PARASPINAL MUSCLES FOR CHRONIC HEADACHES: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines BOTULINUM TOXIN (BOTOX,MYOBLOC),.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Botulinum toxin (Botox; Myobloc) Page(s): 25-26. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head, Botulinum for chronic migraine Other Medical

Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

Decision rationale: California MTUS Chronic Pain Medical Treatment Guidelines identifies that Botulinum toxin is not recommended for chronic pain disorders such as tension-type headache, migraine headache, fibromyositis, chronic neck pain, myofascial pain syndrome, & trigger point injections, but does support Botulinum Toxin for cervical dystonia and chronic low back pain, as an option in conjunction with a functional restoration program. In addition, California MTUS Chronic Pain Medical Treatment Guidelines identifies that the evidence is mixed for migraine headaches. California MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG identifies documentation that migraine frequency was reduced by at least 7 days per month (when compared to pre-treatment average) OR duration was reduced by at least 100 hours per month (compared to pre-treatment), as criteria necessary to support the medical necessity of ongoing use of Botox for prevention of chronic migraine headaches. In addition, ODG identifies discontinuing preventive treatment if headache days are reduced to less than 15 days a month over three consecutive months. Within the medical information available for review, there is documentation of diagnoses of chronic pain and headache. However, there is no documentation of migraine headaches, cervical dystonia, and/or chronic low back pain. Therefore, based on guidelines and a review of the evidence, the request for Botox injections 100 units into the scalp and cervical paraspinal muscles for chronic headaches is not medically necessary.