

Case Number:	CM13-0057801		
Date Assigned:	06/09/2014	Date of Injury:	01/08/2001
Decision Date:	07/21/2014	UR Denial Date:	11/16/2013
Priority:	Standard	Application Received:	11/26/2013

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, 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 68-year-old female with a date of injury of 01/08/2011. The listed diagnoses per [REDACTED] are: 1. Cervicalgia. 2. Cervical facet dysfunction. 3. Cervicogenic headaches. 4. Fibromyalgia. 5. Depression. 6. Anxiety. 7. Status post recent left ankle surgery. 8. History of mental illness. According to progress report on 10/30/2013 by [REDACTED] the patient presents with neck, mid back, and low back pain. The patient's treatment history includes physical therapy, chiropractic treatments, and medication. It was noted the patient is also experiencing difficulty sleeping, psychological problems, headaches/dizziness, ringing in her ears, loss of balance, problems going to the bathroom, and high blood pressure. She is also experiencing some cognitive and gastro-esophagus impairment. The treatment plan is to continue her medications and physical therapy and also to obtain authorization for Botox injections 100 units to be filled to the right upper trapezius muscles, cervical paraspinal muscles, and scapular border muscles to help with cervicogenic headaches and cervicalgia. Utilization review denied the request on 11/15/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE HUNDRED (100) UNITS OF BOTOX INJECTIONS: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: This patient presents with neck, mid back, and low back pain. The patient also suffers from headaches and dizziness. The physician is requesting "Botox injections 100 units to be filled in the right upper trapezius muscles, cervical paraspinal muscles, and scapular border muscles to help with cervicogenic headaches and cervicalgia." For Botox, the MTUS guidelines p25, 26 states: "Not generally recommended for chronic pain disorders, but recommended for cervical dystonia." It further states: "Not recommended for tension-type headache; migraine headache, fibromyositis, chronic neck pain, myofascial pain syndrome, and trigger point injections." In this case, the physician has prescribed Botox injection for the patient's chronic neck pain and cervicogenic headaches for which there is lack of MTUS guidelines support. The request is not medically necessary.