

<b>Case Number:</b>	CM13-0059574		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	10/17/2011
<b>Decision Date:</b>	05/08/2014	<b>UR Denial Date:</b>	11/20/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/02/2013

### 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 Internal Medicine & Emergency Medicine and is licensed to practice in Florida. 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:

This patient is a 24 year-old with a date of injury of 10/17/11. A progress report associated with the request for services, dated 10/25/13, identified subjective complaints of neck pain, vertigo, and migraines. The headaches are at the back of the head and over the eyes. Objective findings included tenderness over the back of the head and cervical paraspinal. Diagnoses included closed head injury with posttraumatic headaches; cervical strain; labyrinthine dysfunction; and cognitive impairment. Prior treatment is not listed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **BOTOX INJECTION FOR THE TREATMENT OF MIGRAINE HEADACHES:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Botulinum toxin (Botox, Myobloc) Page(s): 25-26.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Botulinum Toxin (Botox) Page(s): 25-26.

**Decision rationale:** The Medical Treatment Utilization Schedule (MTUS) states that botulinum toxin (Botox) is not recommended for chronic pain disorders except for cervical dystonia. It is specifically not recommended for tension-type headache, migraine headache, fibromyositis, chronic neck pain, myofascial syndrome, & trigger point injections. It is recommended in

chronic low back pain if a favorable initial response is achieved as an option in conjunction with a functional restoration program. In this case, there is no listed indication for a Botox injection. Therefore, the record does not document the medical necessity for a Botox injection.