

<b>Case Number:</b>	CM13-0060929		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	07/30/1991
<b>Decision Date:</b>	05/20/2014	<b>UR Denial Date:</b>	11/21/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/04/2013

### 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 Orthopedic Surgery, 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:

This is a 62-year-old gentleman who was injured in a work related accident 07/31/91. Recent clinical assessment indicates that the claimant was injured due to continuous trauma, i.e., repetitive work. A 10/25/13 follow-up indicated ongoing complaints of pain about the neck for which the claimant is using narcotic and anti-inflammatory agents and medications. Objectively, there was noted to be no documented positive findings. The claimant's current diagnosis is that of chronic neck pain with stiffness, history of cervicogenic headaches with periodic migraine headaches and bilateral shoulder pain. A trial of Botox injections for the head and neck were recommended for further intervention. Documentation of imaging is not noted. Further clinical records are not supportive of these specific requests in this case.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TRIAL OF BOTOX INJECTION, NECK/HEAD FOR HEADACHE CONTROL:** 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 Chronic Pain: Botulinum toxin (Botox®; Myobloc®) Page(s): 25-26.

**Decision rationale:** Based on California MTUS chronic pain guidelines, Botox would not be indicated. Botox injections are currently only recommended per MTUS Guidelines for a diagnosis of cervical dystonia. Cervical dystonia in and of itself is typically not a work related injury but more a generalized congenital condition. The records in this case fail to give the above mentioned diagnosis. Guidelines specifically indicate that Botox injections are not recommended for tension headaches, migraine headaches, fibromyalgia, chronic neck pain, myofascial pain syndrome or trigger point related diagnosis. The specific requests in this case, given the claimant's current clinical picture, would not be indicated.