

Case Number:	CM13-0066008		
Date Assigned:	07/30/2014	Date of Injury:	07/13/2013
Decision Date:	10/24/2014	UR Denial Date:	11/18/2013
Priority:	Standard	Application Received:	12/16/2013

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 Neurology 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:

This a 34 year old man who was injured on 7/13/2013 when he hit his head on a metal box above a door frame of a bank vault. He suffered a laceration on his forehead. The patient suffered from persistent headache, dizziness, neck pain since the injury. His neurological exam showed normal ambulation, symmetrical reflexes, normal sensation, full strength in the extremities and back. The patient had a CT scan of his brain in July 2013, which was normal; he had an MRI brain in September 2013, which was normal. He has tried physical therapy, Tylenol, Etodolac, Imitrex, Fiorcet, Anaprox, and Lortab.

IMR ISSUES, DECISIONS AND RATIONALES

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

Brain MRA: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Head Chapter, MRA (magnetic resonance angiography)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Section: head; topic: MRA.

Decision rationale: According to the ODG, indications for MRA include a closed head injury, to rule out carotid or vertebral artery dissection. Since the patient developed head pain, neck pain, and dizziness following the head injury, it is reasonable to perform MRA of the brain and neck to rule out a dissection (blood vessel injury) as a result of the head trauma. The request is medically necessary and appropriate.

Botox chemodenervation 200 units 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, Page(s): 25-26 OF 127.

Decision rationale: The MTUS Chronic Pain Guidelines states that Botulinum toxin is not generally recommended for chronic pain disorders, but recommended for cervical dystonia. In addition, the MTUS Chronic Pain Guidelines states that Botulinum toxin is not recommended for tension-type headache, migraine headaches, fibromyositis, chronic neck pain, myofascial pain syndrome, and trigger point injections. There is no indication for cervical dystonia in this patient; rather the patient is suffering from chronic headaches and neck pain. The request is not medically necessary and appropriate.