

Case Number:	CM13-0072169		
Date Assigned:	06/11/2014	Date of Injury:	11/13/2001
Decision Date:	08/11/2014	UR Denial Date:	12/03/2013
Priority:	Standard	Application Received:	12/30/2013

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 Emergency Medicine and is licensed to practice in New York. 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 57-year-old male who was injured on November 13, 2001. The patient continued to experience severe migraine headaches and neck pain. Physical examination was notable for tenderness to the scalp muscles, decreased range of motion of the cervical spine, limited sensory perception in the right upper extremity, and 4/5 strength in the bilateral upper extremities. Diagnoses included left shoulder impingement, multi-level degenerative disc disease of the cervical spine, and severe migraine headaches. Treatment included cognitive behavioral therapy, medications, surgery, trigger point injections, Botox injections, and rhizotomy. Requests for authorization for Botox injections into the scalp and Botox injections into the posterior right neck were submitted for consideration.

IMR ISSUES, DECISIONS AND RATIONALES

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

BOTOX INJECTIONS INTO SCALP PER RFA 11- 19- 13 QTY: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines BOTULINUM TOXIN.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines page(s) 26 Page(s): 26.

Decision rationale: Chronic Pain Medical Treatment Guidelines state that Botox is not generally recommended for chronic pain disorders. It is not recommended for tension type headache, migraine headache, fibromyositis, chronic neck pain, myofascial pain syndrome, or trigger point injections. Systematic reviews have stated that current evidence does not support the use of Botox for mechanical neck disease. The request should not be authorized.

BOTOX INJECTIONS INTO POSTERIOR RIGHT NECK PER RFA 11- 19- 13: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines BOTULINUM TOXIN.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines page(s) 26 Page(s): 26.

Decision rationale: Chronic Pain Medical Treatment Guidelines state that Botox is not generally recommended for chronic pain disorders. It is not recommended for tension type headache, migraine headache, fibromyositis, chronic neck pain, myofascial pain syndrome, or trigger point injections. Systematic reviews have stated that current evidence does not support the use of Botox for mechanical neck disease. The request should not be authorized.