

<b>Case Number:</b>	CM14-0000174		
<b>Date Assigned:</b>	01/10/2014	<b>Date of Injury:</b>	01/29/2013
<b>Decision Date:</b>	08/07/2014	<b>UR Denial Date:</b>	12/04/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/31/2013

### 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 Occupational Medicine 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 26-year-old male who has submitted a claim for severe traumatic brain injury status post right craniotomy, and post-traumatic brain syndrome associated with an industrial injury date of January 29, 2013. The medical records from 2013 through 2014 were reviewed, which showed that the patient suffered from a severe traumatic brain injury after falling 30 feet from a roof and hitting his head. He has remained non-verbal and dependent for all care. The patient could communicate using finger gestures with the left hand and is able to follow one step commands. The patient is non-ambulatory and for the most part, wheelchair-bound. For activities of daily living, he is totally dependent and wears a condom catheter and he has bowel incontinence. The physical examination revealed poor head and neck control. The patient's right upper extremity was flexed at the elbow and his hand was fisted. His right leg was fully extended. There was no purposeful movement noted in the right side of his body. In checking the left side, his left arm was held down on the wheelchair armrest. His left hand was fisted. His left lower extremity was fully extended. He had involuntary mouthing movements classified as oral dyskinesia. Mini mental status exam was 2 out of 30. The weakness and contractures of the hands were noted. There was marked impairment of memory and he had right visual field neglect. The treatment to date has included craniectomy and evacuation of a right subdural hematoma, bilateral heel cord releases, Baclofen pump, Botox injections, physical therapy, occupational therapy, speech therapy, and medications. Likewise, the diagnostic and treatment summary from the time of injury to date are not detailed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**BOTOX INJECTION 100U BILATERAL LOWER EXTREMITY X2: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2, BOTULINUM TOXIN (BOTOX; MYOBLOC) Page(s): 25-26. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) HEAD CHAPTER, BOTOLINUM TOXIN.

**Decision rationale:** According to pages 25-26 of the CA MTUS Chronic Pain Medical Treatment Guidelines, Botox is not generally recommended for chronic pain disorders but recommended for cervical dystonia. Furthermore, Botox is not recommended for tension-type headache, migraine headache, fibromyositis, myofascial pain syndrome, trigger point injections, and chronic neck pain. The ODG recommends use of Botolinum toxin for spasticity following traumatic brain injury. In this case, Botox injections were requested to improve range of motion and mobility skills. The patient's current status, symptomatology, functional limitations and objective findings were detailed. The patient was also diagnosed with traumatic brain injury, spasticity and multiple contractures that would support the need for the requested treatment. A clear rationale explaining the indication for the requested procedure was provided. The medical necessity has been established. Therefore, the request for 2 botox injection 100 U bilateral lower extremity is medically necessary.

**BOTOX INJECTION 100U BILATERAL UPPER EXTREMITY X2: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2, BOTULINUM TOXIN (BOTOX; MYOBLOC) Page(s): 25-26. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) HEAD CHAPTER, BOTOLINUM TOXIN.

**Decision rationale:** According to pages 25-26 of the CA MTUS Chronic Pain Medical Treatment Guidelines, Botox is not generally recommended for chronic pain disorders but recommended for cervical dystonia. Furthermore, Botox is not recommended for tension-type headache, migraine headache, fibromyositis, myofascial pain syndrome, trigger point injections, and chronic neck pain. The ODG recommends use of Botolinum toxin for spasticity following traumatic brain injury. In this case, Botox injections were requested to improve range of motion and mobility skills. The patient's current status, symptomatology, functional limitations and objective findings were detailed. The patient was also diagnosed with traumatic brain injury, spasticity and multiple contractures that would support the need for the requested treatment. A clear rationale explaining the indication for the requested procedure was provided. The medical necessity has been established. Therefore, the request for 2 botox injection 100 U bilateral upper extremity is medically necessary.

