

Case Number:	CM14-0002374		
Date Assigned:	01/24/2014	Date of Injury:	04/03/1995
Decision Date:	06/06/2014	UR Denial Date:	12/19/2013
Priority:	Standard	Application Received:	01/07/2014

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 Physical Medicine and Rehabilitation, and is licensed to practice in Texas. 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 whose date of injury is April 3, 1995. The patient underwent Toradol injection and trigger point injections on December 11 and 26, 2012, February 11, March 29, April 11 and 25, May 10 and 29, June 14, July 1, August 13, September 3 and 17, October 1 and 15, November 26, and December 23, 2013, greater occipital nerve block, trigger point injections and Toradol injection on January 9 and 23, March 14, October 29, November 12 and December 10, 2013 and January 7 and 21, 2014, cervical facet injections on January 17, 2013, and Toradol injection on February 14, 2013. Note dated 03/08/13 indicates that the patient is not taking any medications. The patient has not responded to facet injections, epidural steroid injection, trigger point injections, home exercise program or medications. A trial of Botox was recommended given that the patient found it to be helpful for daily headaches in the past. Note dated August 27, 2013 indicates that the patient had 4 months of perfect relief of her migraine headaches after Botox injections. Follow up note dated January 21, 2014 indicates that medical problems include chronic pain syndrome, multilevel disc disruption at C4-5, C5-6 and C6-7, status post ulnar nerve transposition, and status post right carpal tunnel release.

IMR ISSUES, DECISIONS AND RATIONALES

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

BOTOX-A INJECTIONS TO BOTH THE SUB-OCCIPITAL TRIGGER POINTS (X 2):

Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Botulinum Toxin Section..

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

Decision rationale: Based on the clinical information provided, the request for two Botox-A injections to both the suboccipital trigger points is not recommended as medically necessary. Note dated March 8, 2013 indicates that the patient is not taking any medications. The patient has not responded to facet injections, epidural steroid injection, trigger point injections, home exercise program or medications. A trial of Botox was recommended given that the patient found it to be helpful for daily headaches in the past. The Chronic Pain Medical Treatment Guidelines report that Botox is recommended for the treatment of cervical dystonia, and is not recommended for the treatment of tension-type headache; migraine headache; fibromyositis; chronic neck pain; myofascial pain syndrome; & trigger point injections. The request for two botox-a injections to both the sub-occipital trigger points is not medically necessary or appropriate.