MAXIMUS Federal Services

Case Number:	CM14-0103261		
Date Assigned:	09/29/2014	Date of Injury:	01/27/2010
Decision Date:	11/17/2014	UR Denial Date:	06/27/2014
Priority:	Standard	Application Received:	07/03/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 is a 70-year-old male with a 1/27/10 date of injury. The mechanism of injury occurred when he slipped and fell backward onto a hard surface striking the back of the head. According to a progress report dated 6/9/14, the patient has had persistent headaches (both primary post-traumatic and cervicogenic), neck pain, and mild confusion/cognitive impairment since the injury. He has received occipital nerve blocks and CESI. A CESI done in 3/2014 helped for 3 weeks. He also received a one time trial of Botox headache preventative treatment on 5/13/14. The injection completely eliminated his headache but he developed the side effect of temporary head drop. Objective findings: decreased range of motion of cervical spine. Diagnostic impression: refractory migraine without aura. Treatment to date: medication management, activity modification, injections. A UR decision dated 6/30/14 denied the requests for Botox injection, Botox preventative therapy 12 sessions, and cervical collar. The clinical documentation does not support that the patient has a diagnosis of cervical dystonia. CA MTUS does not support the use of Botox injections for tension type headaches or migraine headaches. Therefore, the request for Botox injections as a prophylactic treatment for migraine headaches would not be supported. Regarding cervical collar, immobilization would not be supported. The clinical documentation submitted for review does not provide any evidence that the patient has had any active therapy that has failed to provide any lasting benefit to the patient's cervical deficits.

IMR ISSUES, DECISIONS AND RATIONALES

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

Botox 200 unit injection- take by injection route, 155 unit Qty: 200 units: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 25-26.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 25-26.

Decision rationale: CA MTUS states that Botox is not generally recommended for chronic pain disorders, but recommended for cervical dystonia. However, in the present case, guidelines do not support the use of Botox for the treatment or prevention of migraine headaches. There is no documentation that the patient has a diagnosis of cervical dystonia. A specific rationale identifying why Botox would be required in this patient despite lack of guideline support was not provided. Therefore, the request for Botox 200 unit injection- takes by injection route, 155 units Qty: 200 units were not medically necessary.

Botox preventative therapy 12 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 25-26.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 25-26.

Decision rationale: CA MTUS states that Botox is not generally recommended for chronic pain disorders, but recommended for cervical dystonia. However, in the present case, guidelines do not support the use of Botox for the treatment or prevention of migraine headaches. There is no documentation that the patient has a diagnosis of cervical dystonia. A specific rationale identifying why Botox would be required in this patient despite lack of guideline support was not provided. Therefore, the request for Botox preventative therapy 12 sessions was not medically necessary.

Cervical collar foam Qty: 1 refills: 0: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back Chapter

Decision rationale: ODG does not recommend cervical collars for neck sprains, but may be appropriate where post-operative and fracture indications exist. However, in the present case, there is no documentation that a cervical collar is for post-operative use. In addition, there is no documentation that there is evidence of a fracture. Therefore, the request for Cervical Collar Foam Qty: 1 refill: 0 was not medically necessary.