

<b>Case Number:</b>	CM14-0105409		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	05/13/2011
<b>Decision Date:</b>	11/14/2014	<b>UR Denial Date:</b>	06/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/07/2014

### 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, has a subspecialty in Pain Management 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 46 year old female with an injury date on 06/13/11. Based on the 05/22/14 progress report provided by [REDACTED] the patient complains of difficulty sleeping, headaches, neck and back pain. Exam findings show Straight-leg-raise and Impingement tests are positive. There were no other significant findings noted on this report. Her diagnoses include the following: 1. Status post right shoulder decompression. 2. Lumbar strain. 3. Cervical strain. 4. Upper and lower extremity complaints. 5. Headaches. 6. Psychiatric complaints. 7. Internal medicine complaints. [REDACTED] is requesting for follow-up regarding Botox injections. The utilization review denied the request on 06/24/14. [REDACTED] is the requesting provider, and he provided treatment reports from 12/17/13 to 06/09/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Follow-up regarding Botox injections:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 92, Chronic Pain Treatment Guidelines Botulinum toxin. Decision based on Non-MTUS Citation ACOEM, Chapter 7, Independent Medical Examinations and Consultations, page 127, and on the Non-MTUS Official Disability Guidelines (ODG), Lumbar chapter

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

**Decision rationale:** This patient presents with headaches, neck and back pain. The treater is requesting follow-up regarding Botox injections. For Botox, the MTUS Guidelines page 25 and 26 state, "Not generally recommended for chronic pain disorder but recommended for cervical dystonia." It further states, "Not recommended for tension-type headache, migraine headache, fibromyositis, chronic neck pain, myofascial pain syndrome, and trigger-point injections". Utilization review denied request on 06/24/14 with a rationale that patient does not meet the criteria to undergo Botox injections and a follow-up appointment would not be indicated. In this case, the treater has prescribed Botox injection but does not specify for what condition. The patient presents with headaches, neck and low back pain but the treater does not state what the botox is for. Botox is not supported for headaches, but MTUS does support it for back pain. However, the request is not for botox, but for a f/u perhaps to discuss the botox injection. Recommendation is for authorization.