

Case Number:	CM14-0108336		
Date Assigned:	09/29/2014	Date of Injury:	06/27/2005
Decision Date:	10/28/2014	UR Denial Date:	06/09/2014
Priority:	Standard	Application Received:	07/11/2014

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 Anesthesia has a subspecialty in Pain Medicine & Acupuncture 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:

This is a 55year old female injured worker with date of injury 6/27/05 with related neck and low back pain, and headaches. Per progress report dated 7/15/14, the injured worker reported neck pain that radiated down the left upper extremity, and low back pain that radiated down the left lower extremity. She complained of insomnia and anxiety associated with her ongoing pain. She rated her pain 9/10 in intensity with medications and 10/10 without medications. Per physical exam, spasm was noted bilaterally in the C3-C7 paraspinous muscles, spinal vertebral tenderness was noted in the cervical spine C4-C7, there was tenderness noted upon palpation at the bilateral paravertebral C4-C7 area and bilateral occipital regions. Treatment to date has included physical therapy, acupuncture, and medication management. The date of UR decision was 6/9/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Botox Injection for Occipital Headaches: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: With regard to Botox injection, the MTUS Chronic Pain Medical Treatment Guidelines p25 states: "Not generally recommended for chronic pain disorders, but recommended for cervical dystonia. Not recommended for the following: tension-type headache; migraine headache; fibromyositis; chronic neck pain; myofascial pain syndrome; & trigger point injections." As the guidelines do not recommend Botox injection for headaches, the request is not medically necessary.