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| Case Number: | CM14-0013062 | | |
| Date Assigned: | 02/24/2014 | Date of Injury: | 03/28/2007 |
| Decision Date: | 07/07/2014 | UR Denial Date: | 01/27/2014 |
| Priority: | Standard | Application Received: | 01/31/2014 |

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 Sports Medicine 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 injured worker is a 55-year-old female with a reported injury date on 03/28/2007. The mechanism of injury was not provided. A clinical note dated 01/21/2014 noted that the injured worker had complaints that included daily severe headaches. It was noted that the injured worker had developed headaches and severe migraines associated with chronic cervical spine pain. In addition, it was noted that the injured worker was currently taking Topamax which has become less effective. Upon examination of the cervical spine, it was noted that there was loss of normal cervical lordosis, range of motion was restricted, and there was tenderness and spasm to the paravertebral muscles. In addition, it was noted that the palpation of the upper cervical muscles and range of motion testing, reproduced her headache. The injured worker's diagnoses include chronic migraine with an aura, cervical degenerative disc disease, and chronic pain syndrome. It was noted in the plan of care that the physician was recommending that the injured worker receive Botox injections for migraine headaches. The request for authorization form was not supplied within the available documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

BOTOX INJECTION AT HEAD AND NECK UNDER EMG GUIDANCE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 26 OF 127.

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

Decision rationale: The California MTUS Guidelines state that Botox is not currently recommended for tension type headaches, migraine headaches, chronic neck pain, myofascial pain syndrome, triggerpoint injections, and fibromyositis. As this request is not supported by the California MTUS guidelines, this request is not medically necessary.