

Case Number:	CM14-0013181		
Date Assigned:	02/24/2014	Date of Injury:	11/23/2011
Decision Date:	07/30/2014	UR Denial Date:	01/28/2014
Priority:	Standard	Application Received:	02/03/2014

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 Occupational Medicine 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 40-year-old male with a 11/23/11 date of injury. The patient was working when he tripped over a co-worker while attempting to restrain an inmate. The inmate began striking the patient multiple times about the head and cervical spine area. According to a 1/7/14 progress note, the patient presented with severe headaches and vertigo. The physical examination revealed headaches with a tension component. A 12/9/13 medical report stated that the patient still has ongoing neck pain, stiffness, and headaches. The physical examination revealed tender facet joints, C3-4, C4-5, on the left with bilateral trigger points, paraspinal, occipital tenderness bilaterally, reduced right reflexes in the bilateral biceps and triceps, and painful range of motion in the bilateral shoulder. The diagnostic impression included cognitive disorder, chronic pain disorder, headache, cervical disc degeneration, rotator cuff syndrome, cervical spondylosis, cervicobrachial syndrome, myalgia, myositis, and cervical spinal stenosis. The treatment to date included medication management, activity modification, TENS unit, physical therapy, and an exercise program. With the medical information available for review, there is no documentation of focal dystonia (characterized by tremor or by tonic posturing of the head in a rotated, twisted, or abnormally flexed or extended position or some combination of these positions).

IMR ISSUES, DECISIONS AND RATIONALES

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

Botox Injection 200 Unit to Head and Neck With Electromyography (EMG) Guidance:
Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 25-26. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Food and Drug Administration (FDA), Botox section.

Decision rationale: The CA MTUS states that Botox is 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; and trigger point injections. The FDA guidelines support Botox to prevent headaches in adult patients with chronic migraine. Chronic migraine is defined as having a history of migraine and experiencing a headache on most days of the month. However, the documentation reviewed does not state the frequency of the patient's headaches nor the type of headache the patient is experiencing. In addition, this is a request for 200 units of Botox which exceeds the FDA guideline recommendation of 155 units. The primary guideline specifically states that Botox is not recommended for migraine headaches. Therefore, the request for Botox injection 200 unit to head and neck with EMG guidance was not medically necessary.