

Case Number:	CM14-0014230		
Date Assigned:	02/26/2014	Date of Injury:	02/25/2013
Decision Date:	06/26/2014	UR Denial Date:	01/31/2014
Priority:	Standard	Application Received:	02/04/2014

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 Interventional Spine 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 60 year-old female with a 2/25/2013 date of injury. She was beaten and kicked by a child weighing over 72 lbs. She has been diagnosed with posttraumatic headaches with cervicogenic component; aggravation of underlying migraine; disorder of sleep and arousal with non-restorative sleep; recurrent panic disorder; and orthopedic injuries. According to the 1/4/2014 neurology consultation report from [REDACTED], the patient would benefit from the combination of occipital nerve blocks, trigger point injections and two 100 units of Botox to the appropriate areas, to help the daily headaches and her aggravated migraines.

IMR ISSUES, DECISIONS AND RATIONALES

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

BOTOX 100 UNITS TIMES TWO: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, BOTULINUM TOXIN (BOTOX, MYOBLOC), 25-26

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 25-26. Decision based on Non-MTUS Citation ODG-TWC GUIDELINES, HEAD CHAPTER FOR: GREATER OCCIPITAL NERVE BLOCK (GONB)

Decision rationale: The patient presents with cervicogenic headaches and migraine headaches. This IMR is for Botox 100 units x2. The neurologist is requesting Botox for migraines, occipital nerve blocks and trigger point injections. MTUS requires documentation of trigger points with twitch response and referred pain as criteria for trigger point injections and states trigger point injections with any substance other than local anesthetic with or without steroid is not recommended. The patient did not have trigger points identified on physician exam. ODG guidelines states occipital nerve blocks are under study, stating the studies on occipital blocks have conflicting results, and when positive have limited to short-term duration. MTUS guidelines for Botox specifically states: "Not recommended for the following: tension-type headache; migraine headache; fibromyositis; chronic neck pain; myofascial pain syndrome; & trigger point injections." The request for Botox injections for the tension headache, migraine headache or trigger point injections, or occipital nerve blocks is not in accordance with MTUS or ODG guidelines. The request is not medically necessary.