

Case Number:	CM14-0017937		
Date Assigned:	06/04/2014	Date of Injury:	07/18/1998
Decision Date:	08/07/2014	UR Denial Date:	01/28/2014
Priority:	Standard	Application Received:	02/12/2014

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 and is licensed to practice in California and Washington. 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 47-year-old female who reported an injury on 07/18/1998 due to an unknown mechanism. The injured worker has been diagnosed with post-traumatic stress disorder, cervical syrinx from C4-5 to T1 with left upper extremity radiculopathy and neuropathic pain, cervicogenic headaches, thoracolumbar myoligamentous injury, and left shoulder myoligamentous injury. The injured worker received the following medications: Percocet, Dilaudid, Zoloft, Topamax, Topicals, Xanax, Zanaflex, Suboxone, Duragesic, Norco, and Valium. The injured worker received Botox injections to the cervical sub-occipital regions on 05/23/2008, 02/16/2009, 12/01/2010 and 04/28/2013. The injured worker last saw her physician on 01/20/2014 complaining of migraine headaches and increased neck pain radiating to her bilateral upper extremities. The injured worker complained of extreme pain rating 7/10 to 9/10, and showed no relief or improvement in range of motion. The injured worker reported a favorable outcome of a 60% reduction in headache pain after the 04/28/2013 lasting for six months. She informed the physician her headache pain had returned and she needed to take her Percocet and Dilaudid more frequently than prescribed and asked for earlier than scheduled refills of both. The physician is requesting Botox injection to cervical suboccipital regions x300 units. A Request for Authorization form and rationale were not provided with this documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Botox injection to cervical suboccipital regions times 300 units is: Upheld

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

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

Decision rationale: The California MTUS Guidelines for botulinum toxin or Botox is not generally recommended for chronic pain disorders, but it can be recommended for cervical dystonia. Botox is not recommended for tension-type headache, migraine headache, fibromyositis, chronic neck pain, myofascial pain syndrome, and trigger point injections. Recent systemic reviews have stated that current evidence does not support the use of Botox A injections for myofascial pain. The injured worker has not been diagnosed with cervical dystonia. Under the MTUS Guidelines, her diagnoses do not meet the clinical use of this medication at this time. Her complaints of chronic neck pain and migraine headaches do not meet the MTUS guidelines for the use of Botox. As such, the Botox injection to the cervical suboccipital region is not medically necessary.