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| Case Number: | CM14-0019963 | | |
| Date Assigned: | 04/28/2014 | Date of Injury: | 10/09/2009 |
| Decision Date: | 07/08/2014 | UR Denial Date: | 02/03/2014 |
| Priority: | Standard | Application Received: | 02/18/2014 |

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 Illinois. 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 43 year old female who reported an injury on 10/9/09. The worker was injured when she ran into another worker, hitting her chin and jaw. The clinical note dated 1/9/14 reported that the injured worker complained of myofascial weakness on the left that seemed to be improved compared to previous exams. The injured worker was able to slightly raise her left cheek. The physical exam noted weakness on the left side of face that appeared to be improved. The physician noted severe pain with light palpation of the right joint. The temporalis and insertion of the temporalis were tender bilaterally.

IMR ISSUES, DECISIONS AND RATIONALES

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

BOTOX INJECTIONS X10: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines BOTULINUM TOXIN Page(s): 25-26.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines BOTULINUM TOXIN (BOTOX; MYOBLOC) Page(s): 25.

Decision rationale: The California MTUS guidelines do not generally recommend Botox for chronic pain disorders, but it is recommended for cervical dystonia. The guidelines also do not recommend Botox for headaches, migraine headaches, myofascial pain syndrome, and chronic

neck pain. The guidelines note that there have been several studies that have found no statistical support for the use of Botox. It did not appear the injured worker had a diagnosis for which Botox would be indicated. The requesting physician's rationale for the request was unclear. As such, the request is not medically necessary.

UNDER IV SEDATION: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.