

<b>Case Number:</b>	CM14-0115700		
<b>Date Assigned:</b>	08/04/2014	<b>Date of Injury:</b>	05/10/2012
<b>Decision Date:</b>	09/10/2014	<b>UR Denial Date:</b>	06/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/23/2014

### **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 Neurology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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:

A 4/21/14 note indicates administration of 100 units of Botox. The listed condition was disorder of muscle, ligament, and fascia (ICD-9 728.8). A 3/18/14 note indicates headache. They are worse with more cognitive activity. The injured worker is not on meds and did not tolerate them previously. "Botox had previously helped." Physical examination noted normal cranial nerves, coordination, motor and DTRs.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Botox 100 unit injection:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer based his/her decision on the Official Disability Guidelines (ODG) Head, Botox and Other Medical Treatment Guideline or Medical Evidence.

**Decision rationale:** The medical records provided for review indicate a condition of headache with no noted features of migraine. There is no indication of monthly frequency or associated signs or features with the headaches. There is no indication of a diagnosis of spasticity. The medical records provided for review do not indicate a condition for which Botox is supported under ODG guidelines for therapy. Therefore, this request is not medically necessary.