

Case Number:	CM14-0129494		
Date Assigned:	08/18/2014	Date of Injury:	10/16/2008
Decision Date:	09/18/2014	UR Denial Date:	08/11/2014
Priority:	Standard	Application Received:	08/14/2014

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 52-year-old male smoker who reported an injury due to continuous trauma on 10/16/2008. On 06/23/2014, it was noted that he was having headaches due to a flare-up of cervical spine strain. He was referred for a consultation regarding Botox injections. On 07/25/2014, it was noted that he had undergone a C4-C6 fusion and an addition to the fusion from C6 to C7 sometime in 2013. The progress note describes that he was left with chronic head pain radiating from the neck into the bifrontal area. The note stated that he had undergone trials of multiple medications used to treat headaches without success, and had undergone trials of epidural steroid injections, also without benefit. His diagnoses included cervical postlaminectomy/fusion syndrome and myofascial head pain syndrome. The note further stated that the examining physician felt that he may benefit from Botox injections. The Request for Authorization dated 08/04/2014 was included in this worker's chart.

IMR ISSUES, DECISIONS AND RATIONALES

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

Botox Injection 100 units: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 25-26. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

Decision rationale: The Expert Reviewer based his/her decision on the MTUS Chronic Pain Medical Treatment Guidelines, Botulinum toxin (Botox; Myobloc), pages 25-26. The request for Botox Injection 100 units is not medically necessary. The California MTUS Guidelines do not recommend Botox injections for tension type headaches, migraine headaches, fibromyositis, and chronic neck pain or myofascial pain syndrome. Additionally, the request did not specify a body part to which these injections were to have been given. Therefore, this request for Botox Injection 100 units is not medically necessary.

Surgical Tray: Upheld

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

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

Decision rationale: The Expert Reviewer based his/her decision on the MTUS Chronic Pain Medical Treatment Guidelines, Botulinum toxin (Botox) pages 25-26. The request for surgical tray is not medically necessary. The requested surgical tray was to have been used during the Botox injections, and the Botox injections were deemed to have been not medically necessary. Therefore, this request for Surgical Tray is not medically necessary.

3 Follow up office visits: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Independent Medical Examinations and Consultations (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7) pg. 127.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 77-89.

Decision rationale: The Expert Reviewer based his/her decision on the MTUS ACOEM Practice Guidelines, Chapter 5 Cornerstones of Disability Prevention and Management, pages 77-89. The request for 3 Follow up office visits are not medically necessary. California ACOEM Guidelines suggest that under the optimal system, "a clinician acts as the primary case manager. The clinician provides appropriate medical evaluation and treatment, and adheres to a conservative evidence based treatment approach that limits excessive physical medicine usage and referral. The clinician should judiciously select and refer to specialists who will support functional recovery, as well as provide expert medical recommendations." The documentation submitted reveals that 3 follow-up visits had already been approved, and there was no rationale or justification for an additional 3 visits. The clinical information submitted failed to meet the evidence based guidelines for the additional office visits. Therefore, this request for 3 Follow up office visits is not medically necessary.

