

<b>Case Number:</b>	CM14-0161805		
<b>Date Assigned:</b>	10/07/2014	<b>Date of Injury:</b>	05/10/2010
<b>Decision Date:</b>	11/26/2014	<b>UR Denial Date:</b>	09/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/02/2014

### 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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Connecticut. 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:

After careful review of the medical records, this is a 44 year old male with complaints of neck pain and low back pain. The date of injury is 5/10/10 and the mechanism of injury is impact injury when he was thrown to the ground and hit his head on concrete during an altercation. At the time of request for Botox 100 units there is subjective (low back pain, neck pain, headache pain) and objective (positive straight leg raise right, 2+ tenderness to palpation cervical spine and trapezius, positive neuroforaminal compression test) findings, imaging findings (11/29/99 MRI cervical spine shows degenerative disc disease from mid to lower cervical vertebral levels), diagnoses (cervical spondylosis without myelopathy, chronic pain due to trauma, traumatic headaches, chronic migraine), and treatment to date (medications, physiotherapy, occipital nerve blocks, medial branch blocks, chiropractic manipulation, surgery). Botulinum toxin injections for chronic migraine are recommended. Pooled results of 2 large randomized placebo-controlled trials show that botulinum toxin injection is an effective and safe method for the treatment and prevention of chronic migraine. Criteria include 1. Chronic migraine diagnosis 2. More than 15 days per month of headaches lasting 4 hours a day or longer 3. Failure of first line migraine pharmacotherapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Botox Injections (Chemodenervation) 100 units, qty: 1.00:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head, Botulinum toxin for chronic migraine

**Decision rationale:** Per ODG treatment decision guidelines, Botulinum toxin injection for chronic migraine is recommended. Pooled results of 2 large randomized placebo-controlled trials show that botulinum toxin injection is an effective and safe method for the treatment and prevention of chronic migraine. Criteria include 1. Chronic migraine diagnosis 2. More than 15 days per month of headaches lasting 4 hours a day or longer 3. Failure of first line migraine pharmacotherapy. Therefore, the request for botox injections 100 units quantity 1 is medically necessary.