

Case Number:	CM14-0164085		
Date Assigned:	10/09/2014	Date of Injury:	03/15/1999
Decision Date:	11/10/2014	UR Denial Date:	10/06/2014
Priority:	Standard	Application Received:	10/06/2014

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 & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in California. 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 45 year-old female with a date of injury of March 15,1999. The patient's industrially related diagnoses include chronic neck pain and spasms second to cervical degenerative disc disease, post-traumatic stress disorder, intrathecal and oral opioids, tension type headaches, obesity, thoracic outlet syndrome second to industry injury, and medical comorbidities. The disputed issue is a request for Botox units qty 1. A utilization review determination on 10/6/2014 had non-certified this request. The stated rationale for the denial was "ODG guidelines do not recommend this injection for the treatment of headaches. There is insufficient evidence to support or refute a benefit of Botox injection for the treatment of chronic daily headaches. Botox injections should not be considered in patients with episodic migraines and chronic tension-type headaches".

IMR ISSUES, DECISIONS AND RATIONALES

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

Botox units QTY: 1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG

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

Decision rationale: The Chronic Pain Treatment Guidelines state that botulinum toxin is not generally recommended for chronic pain disorders, but recommended for cervical dystonia. Guidelines go on to state specifically that botulinum is, "not recommended for the following: tension-type headache; migraine headache; fibromyositis; chronic neck pain; myofascial pain syndrome; and trigger point injections." The guidelines further state: "the evidence is mixed for migraine headaches." In the current progress reports available for review, the treating physician has suggested that the botulinum toxin will be injected for the injured worker's tension-type headaches. He states that the injured worker has "chronic daily tension headaches greater than 15 headaches per month that transform into migraines." Clearly, Chronic Pain Medical Treatment Guidelines do not support the use of botulinum for the diagnosis of tension-type headaches. The injured worker was not diagnosed with cervical dystonia or migraine headaches. There are no documented subjective symptoms or physical examination findings suggesting a diagnosis of cervical dystonia or migraine headaches. Based not the guidelines and the lack of documentation, the request for Botox is not medically necessary.