

<b>Case Number:</b>	CM14-0166158		
<b>Date Assigned:</b>	10/13/2014	<b>Date of Injury:</b>	08/15/2008
<b>Decision Date:</b>	12/03/2014	<b>UR Denial Date:</b>	09/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/08/2014

### 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 Occupational 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:

This patient is a 56 y/o female who has developed chronic widespread pain subsequent to a slip and fall on 8/15/08. She originally injured her hip, but has developed several derivative problems secondary gait disturbance and use of a cane. She has been treated with hip arthroscopy and then subsequent hip replacement. She has also had upper extremity surgery. Psychological evaluations have documented several historical and current risk factors for the development of chronic pain. Due to chronic upper body spasms, she is considered to have aggravation of her headaches. She has been treated with Sumatriptan for the headaches and it is reported to provide significant relief. The frequency and duration of her headaches is not well documented. She is currently treated with multiple oral analgesics and anti-depressants.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Botox Prophylaxis Injections into Scalp and Cervical Muscles:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Botulinum Toxin.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Botulinum Toxin Page(s): 26,27.

**Decision rationale:** MTUS Guidelines do not support the use of Botox Injections for chronic musculoskeletal pain. ODG Guidelines are more specific regarding appropriate use with migraine headaches. Guidelines support Botox use if specific headache criteria are met i.e. greater than 15 episodes per month that last more than 4 hours and there has been a failure of at least 3 other treatment medications/approaches. It is not documented that these criteria have been met. The Botox injections into the neck and scalp are not medically necessary.

**Physical Therapy to the Cervical Spine 6 Sessions:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines Physical Therapy Guidelines

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99.

**Decision rationale:** MTUS Guidelines support limited and active physical therapy for chronic musculoskeletal conditions. There is no documentation in the records if prior therapy has been provided for the cervical spine. The request for 6 sessions of physical therapy to the cervical spine is medically necessary.