

Case Number:	CM14-0166649		
Date Assigned:	10/13/2014	Date of Injury:	02/04/1999
Decision Date:	11/17/2014	UR Denial Date:	09/22/2014
Priority:	Standard	Application Received:	10/09/2014

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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic neck pain and headaches reportedly associated with an industrial injury of February 4, 1999. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; earlier right-sided carpal tunnel release surgery; opioid therapy; psychological counseling; earlier cervical spine surgery; and a functional restoration program. In a Utilization Review Report dated September 22, 2014, the claims administrator denied a request for Botox injections. The applicant's attorney subsequently appealed. In a June 5, 2014 medical-legal evaluation, the medical-legal evaluator apparently gave the applicant a 25% whole person impairment rating. In a June 2, 2014 progress note, the applicant reported ongoing complaints of headaches and neck pain. The attending provider stated that she intended to repeat Botox injections. The applicant did have ongoing issues with chronic pain and depression. The applicant was using Norco and Dilaudid for pain relief. The applicant had had side effects with multiple medications. Cambia and Relpax were endorsed. The applicant was asked to continue Norco and Dilaudid. The applicant's work status was not clearly stated, although it did not appear that the applicant was working. In a January 21, 2014 procedure note, the applicant received Botox injections at that point in time.

IMR ISSUES, DECISIONS AND RATIONALES

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

Botox injection at head, neck, and trunk bilaterally 300 units: 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 topic Page(s): 26.

Decision rationale: As noted on page 26 of the MTUS Chronic Pain Medical Treatment Guidelines, Botox injections are not recommended for chronic neck pain, migraine headaches, tension-type headaches, and/or myofascial pain syndrome, all of which appear to be present here. Rather, page 26 of the MTUS Chronic Pain Medical Treatment Guidelines notes that Botox injections should be reserved for cervical dystonia and/or chronic low back pain. In this case, the applicant has already had Botox injections at one prior case in January 2014, despite the unfavorable MTUS position on the same. The applicant has, however, failed to demonstrate any lasting benefit or functional improvement through the earlier set of Botox injections. The applicant seemingly remains off of work. The applicant remains dependent on opioid agents such as Dilaudid and Norco. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite prior Botox injections. Therefore, the request is not medically necessary.