

Case Number:	CM14-0183989		
Date Assigned:	11/10/2014	Date of Injury:	12/14/2011
Decision Date:	12/18/2014	UR Denial Date:	10/31/2014
Priority:	Standard	Application Received:	11/04/2014

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, 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:

This is a female patient with a date of injury of December 14, 2011. A utilization review determination dated October 31, 2014 recommends non-certification of Botox injections into scalp and cervical muscles 1 set every 12 weeks for 1 year. A progress note dated October 20, 2014 identifies subjective complaints of headaches that continue to occur 20 times per month and continue to be associated with blurred vision, photophobia, and nausea. The patient describes the pain as pulsatile pain along the right temporalis occipital region. Visual auras with scintillations continue to occur. The patient states that she stays in bed due to headaches up to three days a week. Nonsteroidal anti-inflammatory medications and analgesic medications have not reduced the severity of the pain. Physical examination identifies upper cervical thoracic kyphosis measured at 35, posterior lateral facets remain in tender to deep pressure, facet loading provoked pain complaints, tenderness to palpation with taut bands were found at myofascial trigger points with twitch responses in the levator scapula, trapezius, and rhomboid muscles causing radiating pain to the posterior scapula and neck. The diagnoses include residual right shoulder distal clavicle excision, acromioplasty, and bursectomy on August 17, 2012; postoperative arthrofibrosis with painful restriction of range of motion, severe myofascial pain syndrome in right scapula, cervical, and pectoral muscles; cervical muscle spasm with limited range of motion; chronic headaches with migraine qualities; radiating paresthesias along distribution of right brachial plexus into right upper extremity; sleep impairment due to chronic pain; mood impairment due to chronic pain; and sensitivity to Vicodin, tramadol, and Lyrica causing nocturnal dyspnea and excessive sedation. The treatment plan recommends Botox injections into scalp and cervical muscles to reduce severity of chronic migraine headaches associated with chronic pain, neck pain, and muscle spasms, one set of injections every 12 weeks for one year, per FDA protocol.

IMR ISSUES, DECISIONS AND RATIONALES

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

Botox injections into scalp and cervical muscles 1 set every 12 weeks times 1 year (sets of injections): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back (Acute & Chronic)

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

Decision rationale: Regarding the request for botox injections into scalp and cervical muscles 1 set every 12 weeks times 1 year (sets of injections), 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." Within the documentation available for review, the requesting physician has suggested that the botulinum toxin will be injected for the patient's migraine headaches. Chronic Pain Medical Treatment Guidelines do not support the use of botulinum for this diagnosis. As such, the currently requested botox injections into scalp and cervical muscles 1 set every 12 weeks times 1 year (sets of injections) is not medically necessary.