

<b>Case Number:</b>	CM14-0021122		
<b>Date Assigned:</b>	05/09/2014	<b>Date of Injury:</b>	09/14/2011
<b>Decision Date:</b>	07/09/2014	<b>UR Denial Date:</b>	01/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/20/2014

### 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 Family Medicine and is licensed to practice in Arizona. 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:

Patient is a 46 year old male with a date of injury on 9/14/2011. Patient has been treated for ongoing headaches secondary to traumatic brain injury. Subjective complaints are of headaches once or twice a week, and also of jaw locking with yawning. Patient also has complaint of low back pain with radiation to the left leg, which is moderate in intensity. Physical exam shows a traumatic head, pupils were unequal round and reactive to light, negative fundoscopic exam, and decreased left facial sensation. There was a positive Romberg's sign, and patient had trouble with gait. There was no tenderness or spasm noted in the neck, and an exam of the lumbar spine was not documented. Patient was given the diagnoses of traumatic brain injury, frontal lobe syndrome, depression, persistent cerebrospinal fluid leak, TMJ pain, and radicular low back pain. Medications include Lamictal, Allegra, Baclofen, Minipress, Topamax, Verapamil, Frova, Midrin, Toradol, Viagra, and Effexor. Prior treatments include imaging, bite block, and acupuncture. Lumbar spine MRI showed a disc protrusion that was near left S1 root and central disc protrusion at L3-4 and L4-5. Submitted documentation indicates that Botox was requested for back pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**BOTOX 100 UNITS:** Upheld

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

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

**Decision rationale:** CA MTUS guidelines do not recommend botulinum toxin injections for the following: tension headaches, migraine headaches, fibromyositis, chronic neck pain, trigger point injections, and myofascial pain syndrome. CA MTUS does recommend botulinum toxin for cervical dystonia, or for chronic low back pain, as an option in conjunction with a functional restoration program. This patient has chronic headaches and Temporomandibular Joint (TMJ), and radicular low back pain. Submitted documentation does not show evidence of cervical dystonia, and there is no physical exam of the low back documented, or evidence of an ongoing functional restoration program. Therefore, this patient does not meet guideline recommendation, and the medical necessity of Botox 100 units is not established.