

Case Number:	CM14-0022210		
Date Assigned:	05/09/2014	Date of Injury:	11/22/2006
Decision Date:	07/10/2014	UR Denial Date:	02/07/2014
Priority:	Standard	Application Received:	02/21/2014

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 Internal 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 62 year old male who reported ongoing headaches. The Functional restoration program note dated 07/05/13 indicated the injured worker completing 115 hours of the program. The injured worker made significant progress. The injured worker reported significant improvements with his ability to complete his daily activities. The clinical note dated 02/24/14 indicated the injured worker complaining of persistent daily headaches lasting for minutes to hours. The injured worker reported severe intensity. The injured worker previously underwent C5-6 fusion. The Utilization Review dated 02/08/14 resulted in a denial for the use of Botox injections as the injured worker had been diagnosed with chronic post-concussive headaches with occipital neuralgia. Botox injections were currently recommended for headaches and chronic neck pain and cervical dystonia and chronic low back pain. No information was submitted regarding specific findings of cervical dystonia or ongoing low back complaints.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 INJECTION OF BOTOX 100 UNITS FOR HEADACHE: Upheld

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

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

Decision rationale: The request is not medically necessary. Clinical documentation indicates the injured worker complaining of long history of ongoing headaches. Botox injections are indicated for specific findings of cervical dystonia. No information was submitted regarding specific findings of dystonia cervical dystonia. Therefore, without evidence of specific findings of cervical dystonia this request is not medically necessary.