

Case Number:	CM14-0026527		
Date Assigned:	06/20/2014	Date of Injury:	06/14/2013
Decision Date:	07/18/2014	UR Denial Date:	02/21/2014
Priority:	Standard	Application Received:	03/03/2014

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, 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 47 year old male who reported injury to the right side of his head on 06/14/2013 secondary to being struck by machinery. The injured worker complained of daily headaches of at least 15 days a month that are not responsive to medications, dizziness/lightheadedness, soreness behind the eyes, light sensitivity, and the inability to look while in the car. Examination revealed that he had difficulty with photophobia, difficulty focusing, distractibility problems, a slow somewhat unsteady gait with use of cane during ambulation at times. The neurologist did state in his note on 03/06/2014 that the injured worker remained stable on examinations. He had a magnetic resonance imaging (MRI) done that was normal, an ophthalmic study that revealed that he needed refraction, exposure from sun prevention which caused pinguecula and headaches to both eyes and that the pain behind his eyes was referred pain from his headaches. The injured worker had diagnoses of presbyopia, visuospatial deficit, binocular vision fusion with defective stereopsis, nystagmus unspecified, head injury, chronic headaches/migraines. His neuropsychological exam showed on his diagnostic and statistical manual of mental disorders IV-TR, on axis I, psychological factors affecting physical condition, cognitive disorder, mood disorder due to multiple trauma, axis IV psychosocial stressors being moderate, stating the injured worker is dealing with industrial stresses of suffering multiple trauma including scalp laceration, head injury, he is suffering from some neck issues as well, sensory loss, balance problems and on axis V, a global assessment of functioning (GAF) score of 50 with his highest levels of functioning in the past year of 70. The injured worker had past treatments of oral medications for headaches, anxiety, and sleep disturbance. He has also had therapy sessions for his speech and cognition which have shown no change as well as physical therapy to help with his balance issues. His medications were ambien 10mg at bedtime, fioricet 50/325/40mg one tablet every twelve hours as needed for headaches,

and xanax 0.5mg one tablet every twelve hours. He had been on these medications since the year 2013 post injury and has tried vicoden, celexa 20mg. The treatment plan is for 200 units of botox with two chemodenervation session and 100 units on the first session and 100 units with the second session. The request for authorization was signed and dated 02/06/2014. There is no rationale for the request for 200 units of botox with two chemodenervation sessions and 100 units on the first session and 100 units with the second session.

IMR ISSUES, DECISIONS AND RATIONALES

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

200 Units of Botox with two Chemodenervation sessions and 100 units o the first session and 100 units with second session: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Official Disability Guidelines, Botox Neck.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Botulinum toxin (Botox, Myobloc) Page(s): 25.

Decision rationale: The request for 200 units of botox with two chemodenervation sessions and 100 units on the first session and 100 units with the second session is not medically necessary. The injured worker complained of daily headaches of at least 15 days a month that are not responsive to medications, dizziness/lightheadedness, soreness behind the eyes, light sensitivity, and the inability to look while in the car. The injured worker had past treatments of oral medications for headaches, anxiety, and sleep disturbance. His medications were ambien 10mg at bedtime, fioricet 50/325/40mg one tablet every twelve hours as needed for headaches, and xanax 0.5mg one tablet every twelve hours. He had been on these medications since the year 2013 post injury and has tried vicoden, celexa 20mg. CA MTUS chronic pain medical treatment guidelines for botulinum toxin (Botox, Myobloc) states that it is not generally recommended for chronic pain disorders, but recommended for cervical dystonia, it is not recommended for tension-type headache, migraine headache, fibromyositis, chronic neck pain; myofascial pain syndrome, and trigger point injections. Several recent studies have found no statistical support for the use of Botulinum toxin A (BTXA). Documentation does now show that a trial of the above listed has failed. Therefore, the request for 200 units of botox with two chemodenervation sessions and 100 units on the first session and 100 units with the second session is not medically necessary.