

Case Number:	CM14-0027884		
Date Assigned:	06/16/2014	Date of Injury:	01/27/2010
Decision Date:	07/16/2014	UR Denial Date:	02/26/2014
Priority:	Standard	Application Received:	03/05/2014

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 Surgery, and is licensed to practice in Mississippi. 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 69-year-old injured on January 27, 2010. The mechanism of injury was noted as a fall while walking. The most recent progress note, dated October 24, 2013, indicated that there were ongoing complaints of headaches, neck pain and confusion. Current medications were stated to include Buprenorphine, Butrans, Lyrica, Relpax and Vicodin. The physical examination demonstrated decreased range of motion of the cervical spine. There was a normal upper extremity neurological examination and cranial nerve examination. There were diagnoses of posttraumatic headaches and chronic migraines. Previous treatment included occipital nerve blocks. A request had been made for Botox injections and was partially certified in the pre-authorization process on February 25, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

BOTOX INJECTION 200 UNITS EVERY 3 MONTHS TO HEAD AND NECK 6415 JO585: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic), Botulinum toxin, updated June 10, 2014.

Decision rationale: According to the Official Disability Guidelines, Botox injections are not recommended for chronic pain disorders but for use for cervical dystonia spasticity following a traumatic brain injury and potentially for migraine headaches. It is not recommended for tension type headaches, fibromyositis, chronic neck pain, myofascial pain syndrome or trigger point injections. The injured employee has been diagnosed with chronic migraine headaches, and it is the intention for these injections to be used to treat migraine headaches rather than the injured employee's tension type posttraumatic headaches or cervical spine pain. The previous utilization management review, dated February 25, 2014, authorized the use of a single injection to assess its efficacy. The results of this are unknown. However, this request is for Botox injections to be used on a regular basis. The request for botox injection to the head and neck, 200 units every three months, is not medically necessary or appropriate.