

Case Number:	CM14-0029395		
Date Assigned:	06/20/2014	Date of Injury:	03/16/2001
Decision Date:	08/22/2014	UR Denial Date:	02/11/2014
Priority:	Standard	Application Received:	03/07/2014

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 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 54-year-old female who was reportedly injured on 3/16/2001. The mechanism of injury was noted as an industrial injury. The most recent progress note dated 1/7/2014, indicated that there were ongoing complaints of chronic headaches and bilateral upper and lower extremity pains. The physical examination demonstrated continuous rapid pain noted in the extremities, particularly on the right side and decreased toenail and fingernail curvature with no significant ankle edema. There was a limited examination due to the patient's reluctance to have anyone touch her. There did not appear to be specific spasticity at this time. No recent diagnostic studies were available for review. Previous treatment included surgery, physical therapy, acupuncture, trigger point injections, medications, and conservative treatment. A request had been made for Botulinum toxin 300 units for cervical and suboccipital region and was not certified in the pre-authorization process on 2/5/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Botulinum toxin 300 units for cervical and suboccipital region: Upheld

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

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

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, it is indicated that the criteria for the use of Botox injection for chronic migraine requires a diagnosis of chronic migraine headache with more than 15 days of headaches per month lasting 4 hours or longer and evidence in the clinical documentation that the claimant has not responded to at least 3 prior first-line migraine headache prophylaxis medications. A successful response is a frequency that is reduced by at least 7 days per month when compared to the pretreatment average. After reviewing the medical documentation provided, it is noted in the subjective portion that the patient complained of daily headaches. However, there was no documentation of a neurological physical examination or diagnosis associated with the use of this medication/procedure. Therefore, the request for this procedure is deemed not medically necessary.