

Case Number:	CM14-0029848		
Date Assigned:	06/20/2014	Date of Injury:	12/13/2010
Decision Date:	07/17/2014	UR Denial Date:	03/03/2014
Priority:	Standard	Application Received:	03/10/2014

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 Neurology has a subspecialty in Pain Medicine and is licensed to practice Florida. 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:

2/13/14 progress note indicates the insured had an injury in December, 2010. She has 2 types of headaches. The first is on the left side of the neck and shoots into the temples with a pressure-like sensation. These occur two times per week and respond to ibuprofen. The second type starts as a cramping in the neck followed by shooting into the eyes. These occur 1 to 2 per month. She underwent a C5-6 fusion in august of 2013. Examination notes no tremor, with normal coordination, normal gait, and moves all extremities equally and strongly. 11/20/13 progress note reported the insured was doing well status post ACDF at C5-6. The insured was undergoing physical therapy and massage and continues to do well per the treating physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

One Botox injection for the scalp: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Botulinum toxin (Botox; Myobloc).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head, botulinum toxin.

Decision rationale: The medical records provided for review do not indicate physical exam findings of spasticity or demonstrate dystonia. The medical records do not support a diagnosis of chronic migraine headache. As such, botox injection of the scalp is not supported under ODG guidelines for treatment of the headaches reported in the medical records provided for review.