

Case Number:	CM14-0031236		
Date Assigned:	06/20/2014	Date of Injury:	10/23/2009
Decision Date:	07/17/2014	UR Denial Date:	02/24/2014
Priority:	Standard	Application Received:	03/12/2014

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 Texas and Oklahoma. 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 57-year-old female who reported an injury on 10/23/2009. The mechanism of injury was not provided. The clinical note dated 01/29/2013 noted the injured worker presented with ongoing headaches. Prior therapy included Novocain injections which improved the headaches, cervical pillow which helps with sleeping, and Klonopin. Upon examination, there was guarding of the neck; minimal touch elicited pain to the right suboccipital area. The diagnoses were post-traumatic head syndrome, psychological factors affecting physical condition, chronic daily headaches post trauma, disorder of sleep and arousal, and orthopedic complaints. The provider recommended Botox injections. The provider's rationale was not included and the request for authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Botox Injections: Upheld

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

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

Decision rationale: The California MTUS states that current evidence does not support the use of Botox injections for myofascial pain. It is, however, recommended for cervical dystonia, a condition that is not generally related to Workers' Compensation and is characterized as movement disorder of the nuchal muscles, characterized by tremor or by tonic posturing of the head in a rotated, twisted, or abnormally flexed extended position or some combination of these positions. There is insufficient medical documentation included to suggest the injured worker has cervical dystonia. Therefore, the request is not medically necessary.