MAXIMUS Federal Services

Case Number:	CM14-0035555		
Date Assigned:	06/23/2014	Date of Injury:	02/19/2010
Decision Date:	07/18/2014	UR Denial Date:	03/12/2014
Priority:	Standard	Application Received:	03/24/2014

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 Minnesota. 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 27-year-old female who reported an injury on 02/19/2010. The injury reported was while lifting a trash bag she experienced a snapping sensation of the right wrist. The diagnoses include right upper extremity complex regional pain syndrome, severe vertigo, severe migraine, morbid obesity, alopecia, and depression. Previous treatments include cervical laminectomy placement, medication, spinal cord stimulator, stellate ganglion blocks. The clinical note dated 04/10/2014, reported the injured worker complained of ongoing severe pain involving both upper extremities and severe migraine headaches, as well as findings of left piriformis syndrome with intermittent left leg cramping. Upon the physical examination the provider noted the injured worker had severe discoloration of the right upper extremity with allodynia and weakness. She continued with left scalene tenderness, positive left Roos and Adson tests and left costoclavicular abduction test. Provider requested Botox scalp injections for headaches. However, the request for authorization was not submitted for clinical review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Botox scalp injections: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation National Guideline Clearinghouse document entitled "Treatment of Primary Headaches:Chronic Daily Headache;Standards of care for Headache Diagnosis and Treatment.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Botulinum toxin (Botox; Myobloc) Page(s): 26-27.

Decision rationale: The request for Botox scalp injections is non-certified. The injured worker complained of ongoing severe pain involving both upper extremities and severe migraine headaches, as well as findings of left piriformis syndrome with intermittent left cramping. The California MTUS does not generally recommend Botox injections for chronic pain disorders, but recommended for cervical dystonia. The California MTUS guidelines note Botox injections are not recommended for tension type headaches, migraine headaches, fibromyitis, and chronic neck pain, myofascial pain syndrome, and trigger point injections. Guidelines note there is no statistical support for Botox injections for migraine headaches. There is insufficient documentation to suggest the injured worker has cervical dystonia. Additionally, the guidelines do not recommend the use of Botox injections for migraine headaches or tension type headaches. Therefore, the request for Botox scalp injections is non-certified.