

Case Number:	CM14-0035931		
Date Assigned:	07/02/2014	Date of Injury:	08/29/1983
Decision Date:	08/19/2014	UR Denial Date:	03/04/2014
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, has a subspecialty in Pain Management 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:

This is a patient with a date of injury of 8/29/83. A utilization review determination dated 3/4/14 recommends non-certification of Botox injected to eyes and face every 3 months, as "no clinical confirmation was received concerning this." 11/19/13 medical report identifies that the patient complains of blepharospasm. Botox 'ran out' 3 weeks prior and the patient is having problems with cheeks and eyes squeezing. On exam, the provider noted benign essential blepharospasm and Botox injection was recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

100 units botox injected to eyes and face every 3 months, performed in office at [REDACTED] ophthalmology: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: <http://www.ncbi.nlm.nih.gov/pubmed/23541393>.

Decision rationale: Regarding the request for 100 units botox injected to eyes and face every 3 months, California MTUS and ODG do not address the issue. A search of the National Library of

Medicine identified support for the use of long-term botulinum toxin in the management of benign essential blepharospasm. Within the documentation available for review, the patient is noted to have benign essential blepharospasm and has been treated with Botux (botulinum toxin) in the past. While the treatment is indicated for the patient's condition, as with any condition, there should be regular reassessment of efficacy and continued need for the treatment. Thus, while there may be an indication for Botox, an open-ended request for indefinite treatment is not supported and, unfortunately, there is no provision for modification of the current request to a defined number of sessions prior to reevaluation. In light of the above issues, the currently requested 100 units botox injected to eyes and face every 3 months is not medically necessary.