

Case Number:	CM14-0037741		
Date Assigned:	06/25/2014	Date of Injury:	04/03/2008
Decision Date:	07/31/2014	UR Denial Date:	02/28/2014
Priority:	Standard	Application Received:	03/28/2014

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 Occupational Medicine 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic neck pain and headaches reportedly associated with an industrial injury of April 3, 2008. Thus far, the applicant has been treated with the following: Analgesic medications; NSAID therapy; transfer of care to and from various providers in various specialties; and reported return to regular work. In a Utilization Review Report dated February 28, 2014, the claims administrator denied a request for Botox injections into the scalp, facial musculature, and occipital/cervical paraspinal musculature. The attending provider wrote in a letter dated March 19, 2014 that the claimant had longstanding complaints of neck pain and headaches, reportedly diminished with Effexor. The claimant was working regular duty. The claimant had also received night guard from a TMJ specialist. The attending provider complained that multiple referrals to dentist had been unsuccessful in terms of obtaining Botox injections recommended by the claimant's medical-legal evaluator. It was acknowledged that the claimant was responding favorably to a combination of the night guide, Effexor, and Relafen. The claimant exhibited tenderness about the TMJ, temporalis muscle, and neck.

IMR ISSUES, DECISIONS AND RATIONALES

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

BOTOX INJECTIONS INTO SCALP, FACIAL AND LEFT OCCIPTALLS/CERVICAL PARASPINAL MUSCLES: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Botulinum Toxin topic. Page(s): 26.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines, state that Botox injections are recommended for cervical dystonia and chronic low back pain. The evidence on Botox injection is mixed for migraine headaches. Botox injections are not recommended for tension headaches, fibromyositis, chronic neck pain, myofascial pain syndrome, and/or in conjunction with trigger point injections. In this case, the applicant's neck and face pain stem from chronic nonspecific neck pain and/or associated complaints of temporomandibular joint disorder. There is no indication of issues with cervical dystonia and/or chronic low back pain for which Botox injections are indicated, per page 26 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request for is not medically necessary. Botox injections into scalp, facial and left occipitals/cervical paraspinal muscles is not medically necessary and appropriate.