

<b>Case Number:</b>	CM14-0050944		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	08/04/1993
<b>Decision Date:</b>	08/15/2014	<b>UR Denial Date:</b>	03/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/18/2014

### 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 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 patient is a 66-year-old female with date of injury of 08/04/1993. The listed diagnoses are and cervical pain, and migraine. According to the handwritten progress report, the patient is status post neck surgery. The rest of the report was difficult to decipher. Other reports provided in the 42 pages of records were also illegible. The utilization review denied the request on 03/25/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Botox injections trial quantity 2, chronic migraines:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Botulinum Toxin (Botox, Myobloc) Page(s): 25-26.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Botulinum toxin (Botox; Myobloc)(MTUS pgs 25,26) Page(s): 25-26.

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines on botulinum toxin (Botox; Myobloc) states that it is not generally recommended for chronic pain disorders, but recommended for cervical dystonia. It is not recommended for tension-type headaches; migraine headache; fibromyositis; chronic neck pain; myofascial pain syndrome; and trigger point injections. In this case, MTUS does not support the use of Botox in the treatment of chronic

migraines. Therefore, the request for botox injections trial quantity 2, chronic migraines is not medically necessary and appropriate.