

<b>Case Number:</b>	CM14-0064239		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	01/19/2007
<b>Decision Date:</b>	08/08/2014	<b>UR Denial Date:</b>	04/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/07/2014

### 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 1/19/07. A utilization review determination dated 4/28/14 deemed the request of acupuncture and consult and treat with doctor for Botox injection not medically necessary. Fourteen (14) acupuncture sessions have been completed on 5/12/14. A medical report identified pain in the neck, low back, and hips. Current medication causes lightheadedness, but does alleviate a portion of the pain. On exam, there are neck trigger points, back tenderness, decreased sensation along the L5 on the left, and somewhat hypersensitive along the lateral aspect of the left foot. Acupuncture, MRI of the lumbar spine, and Botox injection for intractable muscle tension headaches as a result of neck and back pain were recommended.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture 2 times a week for 6 weeks QTY: 12.00:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**Decision rationale:** Regarding the request for acupuncture, California MTUS does support the use of acupuncture for chronic pain, with additional use supported when there is functional

improvement documented, which is defined as either a clinically significant improvement in activities of daily living or a reduction in work restriction and a reduction in the dependency on continued medical treatment. A trial of up to 6 sessions is recommended, with up to 24 total sessions supported when there is ongoing evidence of functional improvement. Within the documentation available for review, there is no documentation of functional improvement as defined above from the previous acupuncture. In the absence of such documentation, the currently requested acupuncture is not medically necessary.

**Consult and treat with doctor for injection x1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Botulinum toxin. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)- Botulinum toxin.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Regarding the request for consult and treat with doctor for injection x1, as the proposed injection is not medically necessary, this current request is also not medically necessary.

**Botox injection for muscular tension headache x1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Botulinum toxin (Botox). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)- Head Chapter Botulinum toxin.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 25-26 of 127.

**Decision rationale:** Regarding the request for Botox injection for muscular tension headache x1, Chronic Pain Treatment Guidelines state that botulinum toxin is not generally recommended for chronic pain disorders, but recommended for cervical dystonia. Guidelines go on to state specifically that botulinum is, not recommended for the following: tension-type headache; migraine headache; fibromyositis; chronic neck pain; myofascial pain syndrome; and trigger point injections. Within the documentation available for review, the injection is noted to be for muscular tension headaches, which is not a supported indication for Botox per the CA MTUS. In light of the above issue, the currently requested Botox injection for muscular tension headache x1 is not medically necessary.