

Case Number:	CM14-0079293		
Date Assigned:	07/18/2014	Date of Injury:	06/02/1999
Decision Date:	09/29/2014	UR Denial Date:	05/22/2014
Priority:	Standard	Application Received:	05/29/2014

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 patient is a 47 year old female who was injured on 05/02/1999. The mechanism of injury is unknown. The patient underwent electronic analysis with programming and refill and maintenance of intrathecal pump on 12/02/2013; 6 Botox 100 units on 12/31/2013. The patient presented on 03/19/2014 for a Botox injection as it has been quite helpful in relieving her headaches for over two months. There is no documentation presented that describes prior treatments and the efficacy of Botox injections in detail in records provided. There is no exam that provides measurable findings for review. Prior utilization review dated 05/22/2014 states the request for Botox injections 20 units with ultrasound is denied as medical necessity has not been established.

IMR ISSUES, DECISIONS AND RATIONALES

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

Botox injections 200 units with ultrasound: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Botulinum toxin Page(s): 25-6.

Decision rationale: This is a request for Botox injections 200 units with ultrasound to treat chronic headaches in a 42-year-old female injured on 5/2/99 with chronic musculoskeletal pain.

However, according to MTUS guidelines, botulinum toxin is, not generally recommended for chronic pain disorders, but recommended for cervical dystonia. Not recommended for the following: tension-type headache; migraine headache; fibromyositis; chronic neck pain; myofascial pain syndrome; and trigger point injections."History and examination findings do not support an exception to this guideline recommendation. Medical necessity is not established.