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| Case Number: | CM14-0083598 | | |
| Date Assigned: | 07/21/2014 | Date of Injury: | 04/01/2009 |
| Decision Date: | 09/29/2014 | UR Denial Date: | 05/21/2014 |
| Priority: | Standard | Application Received: | 06/05/2014 |

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 and Medicine and Rehabilitation and is licensed to practice in Nevada. 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 injured worker is a 45 year-old male who was reportedly injured on April 1, 2009. The mechanism of injury is noted as an industrial incident with acceptable body parts including rib fractures, cervical, thoracic, lumbar, and posttraumatic stress. A progress note dated February 26, 2014 notes ongoing complaints of migraine headaches. A Botox injection was received in November, and the headaches were beginning to increase after the effects of the Botox began wearing off. Radicular pain is noted. It is reported that the claimant is attending classes and was able to get in a math class due to the reduction of headaches that he experienced with the Botox injection. Pharmacotherapy included Wellbutrin, Lyrica and Adderall. The most recent progress note from May 7, 2014 indicates that since the Botox injection into the scalp on April 16, 2014, the frequency of headaches, decreased from 5 to 2, the severity had decreased from 8/10 to 4/10. Medication use had decreased. And cervical radiofrequency rhizotomy had been approved. Recent physical exam findings are not found in the medical records available. Previous treatment reported includes medications, physical therapy, massage, chiropractic care, psychotherapy, transcutaneous electrical nerve stimulation unit, cervical medial branch blocks and prior Botox injections. The most recent being provided on April 16, 2014. A request was made for 4 sessions. Final Determination Letter for IMR Case Number CM14-0083598 3 of Botox every 12 weeks and was not certified in the pre-authorization process on May 21st, 2014, rather, a modified recommendation for 2 sessions was recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

Botox injections into scalp and cervical muscle (one set of injection every 12 weeks, 4 sessions, per FDA protocol): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 25-26. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment/Integrated Treatment/Disability Duration Guidelines, Head (updated 08/11/14).

Decision rationale: Official Disability Guidelines (ODG) support Botox injections for prevention of chronic migraine headaches. The record indicates that there was a positive response to the Botox injections provided. However, review of the available medical record does not provide the necessary documentation to determine that the response to the prior Botox injection meets the ODG guideline criteria. There is no reference to a headache diary noting the number of headaches per month, the hours that the headaches last or the appropriate reduction in pain with of the trial of Botox. California Medical Treatment Utilization Schedule guidelines do not generally recommended this type of injection for chronic pain disorders other than cervical dystonia. Based on the medical record available, this request is not medically necessary.