

Case Number:	CM13-0030878		
Date Assigned:	11/27/2013	Date of Injury:	02/27/2007
Decision Date:	01/29/2015	UR Denial Date:	09/12/2013
Priority:	Standard	Application Received:	10/02/2013

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 Anesthesiology, 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:

According to the records made available for review, this is a 36-year-old female with a 2/27/07 date of injury. At the time (7/8/13) of request for authorization for Trigger point injection into the left forearm for 4 sessions and Botox injections every 12 weeks for 4 sessions for migraines related to chronic neck pain, there is documentation of subjective (left upper extremity pain and headache) and objective (tenderness over the bilateral forearm with myofascial tension, reduced Jamar testing, and intact sensation) findings, current diagnoses (derivative injury to the left upper extremity and chronic migraine headache), and treatment to date (medications, home exercise program, and previous Botox injection (4/19/13)). Medical report identifies that previous Botox injections decreased pain. Regarding trigger point injection, there is no documentation of a twitch response as well as referred pain. Regarding Botox injection, there is no documentation that migraine frequency was reduced by at least 7 days per month (when compared to pre-treatment average) or duration was reduced by at least 100 hours per month (compared to pre-treatment; and of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Botulinum toxin injection provided to date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trigger point injection into the left forearm for 4 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for trigger point injections Page(s): 122.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point Injections Page(s): 122.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of myofascial pain syndrome; circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain; symptoms have persisted for more than three months; medical management therapies such as ongoing stretching exercises, physical therapy, NSAIDs and muscle relaxants have failed to control pain; radiculopathy is not present (by exam, imaging, or neuro-testing); and no more than 3-4 injections per session, as criteria necessary to support the medical necessity of trigger point injections. Additionally, MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of greater than 50% pain relief is obtained for six weeks after an injection, documented evidence of functional improvement, and injections not at an interval less than two months, as criteria necessary to support the medical necessity of repeat trigger point injections. Within the medical information available for review, there is documentation of diagnoses of derivative injury to the left upper extremity and chronic migraine headache. In addition, there is documentation that symptoms have persisted for more than three months; medical management therapies such as ongoing stretching exercises, physical therapy, NSAIDs and muscle relaxants have failed to control pain; no more than 3-4 injections per session; and radiculopathy is not present. However, despite documentation of objective (tenderness over the bilateral forearm with myofascial tension) findings, there is no documentation of a twitch response as well as referred pain. Therefore, based on guidelines and a review of the evidence, the request for Trigger point injection into the left forearm for 4 sessions is not medically necessary.

Botox injections every 12 weeks for 4 sessions for migraines related to chronic neck pain:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Botulinum toxin (Botox;Myobloc Page(s): 25 and 26.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Botulinum Toxin (Botox, Myobloc) Page(s): 25 and 26. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head Chapter, Botulinum toxin for chronic migraine, Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identify the evidence is mixed for migraine headaches. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG identifies documentation that migraine frequency was reduced by at least 7 days per month (when compared to pre-treatment average) OR duration was reduced by at least 100 hours per month (compared to pre-treatment) to support the medical necessity of

ongoing use of Botox for prevention of chronic migraine headaches. In addition, evidence based guidelines recommend discontinuing preventive treatment if headache days are reduced to less than 15 days a month over three consecutive months, as criteria necessary to support the medical necessity of continued treatment with Botox injections. Within the medical information available for review, there is documentation of diagnoses of derivative injury to the left upper extremity and chronic migraine headache. However, despite documentation that previous Botulinum toxin injection decreased pain, there is no documentation that migraine frequency was reduced by at least 7 days per month (when compared to pre-treatment average) or duration was reduced by at least 100 hours per month (compared to pre-treatment). In addition, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Botulinum toxin injection provided to date. Therefore, based on guidelines and a review of the evidence, the request for Botox injections every 12 weeks for 4 sessions for migraines related to chronic neck pain is not medically necessary.