

Case Number:	CM14-0179569		
Date Assigned:	11/04/2014	Date of Injury:	08/06/1987
Decision Date:	01/29/2015	UR Denial Date:	10/08/2014
Priority:	Standard	Application Received:	10/29/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Georgia. 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 51 year old female who sustained a work related injury on August 6, 1987. The mechanism of injury was not provided. The injured worker has been treated for chronic neck, shoulder and headache pain secondary to the work related injury. Work status is temporarily totally disabled. Current documentation dated September 23, 2014 notes that the injured worker is doing the same or worse at times from her last visit. The injured worker reported increased stress in her life due to financial concerns. The documentation notes that she had received eleven Toradol Intramuscular injections since January 14, 2014, which have been the most effective treatment. The injured worker also had previous Botox injections with significant relief of her headaches. No objective findings were noted. The injured workers pain was described as sharp, burning, aching and stabbing. The timing of the pain is intermittent to frequent. Diagnostic testing included a computed tomography scan myelogram of the cervical spine performed on June 30, 2009. The scan revealed a solid fusion from the occiput through the cervical four level, an old non-united odontoid fracture type 2, degenerative changes, mild canal narrowing and mild to moderate foraminal stenosis on the left at the cervical six-cervical seven levels. Current pain management medications include Toradol intramuscular injections monthly as needed, Ibuprofen and Ativan. Physical examination of the cervical spine revealed decreased range of motion, significant diffuse tenderness in the occipital and cervical region bilaterally; two plus spasms, trapezius tenderness and bilateral trigger points were noted. Diagnoses include chronic migraines, occipital neuralgia, tension headaches, cervical osteoarthritis, cervical degenerative disc disease, myofascitis of the neck and shoulder, cervical radiculitis, shoulder pain and chronic pain, not elsewhere specified. The treating physician requested a Botox injection, type A 200 U for her headaches. Utilization Review evaluated and denied the requested for the Botox injection on October 8, 2014. Utilization Review denied the requested

due to lack of documentation of objective findings regarding functional benefit, return to work or Visual Analogue Scale scores related to prior Botox injections. MTUS Guidelines, Botox were referenced. The guidelines do not recommend Botox injections for headache, chronic neck pain, fibromyositis or myofascial pain syndrome. Therefore, the request for the Botox injection is not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Botox injection-Type A 200u: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines BOTOX. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

Decision rationale: Botox injection-Type A 200u is not medically necessary. Per CA MTUS page 26, Botox is recommended for the treatment of cervical dystonia and/or chronic low back pain in conjunction with a functional restoration program. The medical records lack documentation of a clear indication for Botox injection. Additionally, the request is without pairing of a functional restoration program; therefore, the requested service is not medically necessary.