

Case Number:	CM14-0191988		
Date Assigned:	11/25/2014	Date of Injury:	02/04/1999
Decision Date:	01/12/2015	UR Denial Date:	10/29/2014
Priority:	Standard	Application Received:	11/17/2014

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 Internal Medicine, has a subspecialty in Hematology Oncology and is licensed to practice in New York and New Jersey. 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 51-year-old female who reported an injury on 02/04/1999. The mechanism of injury was not submitted for review. The injured worker has diagnoses of chronic migraine without aura, spasm of muscle, cervical disc displacement without myelopathy, depressive disorder, cervical root lesions, post laminectomy syndrome of cervical region, unspecified myalgia, myositis and encounter for long term use of other medications. Other treatment consists of surgery, physical therapy, home exercise program, FRP, psychological evaluations and medication therapy. Medications include Dilaudid 4 mg, Norco 10/325, Cambia 50 mg, Relpax 40 mg, and prednisone. It was documented that the injured worker underwent a urine toxicology screen on 10/14/2014. However, results were not submitted for review. On 10/14/2014, the injured worker was seen for chronic pain in her cervical spine and headaches associated with chronic pain that radiated from the neck. The injured worker rated the pain a 3/10 to 6/10. Physical examination of the cervical spine revealed straightening of the spine with loss of normal cervical lordosis. Range of motion of the cervical spine was restricted to flexion limited to 20 degrees, extension was restricted and limited to 15 degrees, right lateral bending was limited to 15 degrees, left lateral bending was limited to 15 degrees, left lateral rotation was limited to 30 degrees, and right lateral rotation was limited to 30 degrees. On examination of the paravertebral muscles, tenderness and tone were normal, which was noted on both sides. Spinous process tenderness was noted on C5 and C6. Tenderness was also noted with palpable trigger points. Spurling's maneuver produced no pain in the neck musculature or radicular symptoms in the arm. All upper limb reflexes were equal and symptomatic. On sensory examination, light touch sensation was decreased over the C4-5 dermatome. The medical treatment plan is for the injured worker to undergo 1 Botox injection to the head, neck, and trunk

bilaterally. The provider feels that the Botox injections are necessary for the chronic migraines the injured worker is currently having. It was noted that the patient had severe loss of function without access to Botox. Request for Authorization form was not submitted for the review.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Botox Injection to the head, neck, trunk bilaterally (300 Units): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Botulinum toxin (Botox, Myobloc) Page(s): 25-26.

Decision rationale: The request for 1 Botox Injection to the head, neck, trunk bilaterally (300 Units) is not medically necessary. The California MTUS Guidelines state that current evidence does not support the use of Botox trigger point injections for headache pain. It is, however, recommended for cervical dystonia, a condition that is not generally related to Workers' Compensation, and is characterized as a movement disorder of the nuchal muscles, characterized by tremor or by tonic posturing of the head and a rotated, twisting or abnormally flexed or extended position or some combination of these positions. There was no indication in the submitted documentation of the injured worker having any cervical dystonia. It was indicated that the injured worker suffered from chronic headache pain. However, the California MTUS Guidelines do not recommend the use of Botox injections for headache pain. Furthermore, the rationale submitted for review does not warrant the medical necessity of the injections. As such, the request for 1 Botox injection to the head, neck, and trunk bilaterally is not medically necessary.