

Case Number:	CM14-0192963		
Date Assigned:	11/26/2014	Date of Injury:	12/28/1994
Decision Date:	04/07/2015	UR Denial Date:	11/04/2014
Priority:	Standard	Application Received:	11/18/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 58-year-old male, who sustained an industrial injury on 12/28/94. The documentation noted that the injured worker has been treated with Xeomin 200 unit's injections for his headaches. The documentation noted that if his injections are delayed he has a significant headache; he does take steroids to help decrease the headaches. According to the utilization review performed on 11/4/14, the requested Xeomin 200 units injections x4 (1 every 12 weeks for 1 year) has been non-certified. California Medical Treatment Utilization Schedule (MTUS), American College of Occupational and Environmental Medicine (ACOEM) and Official Disability Guidelines Neck and Upper Back were used in the utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Xeomin 200 units injections x4 (1 every 12 weeks for 1 year): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Neck & Upper Back Procedure Summary.

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

Decision rationale: According to the 05/09/2014 report, this patient presents with headaches. The current request is for Xeomin 200 units injections x 4 (1 every 12 weeks for 1 year). The request for authorization is on 07/18/2014. The patient's work status is not included in the file for review. For Botox, the MTUS Guidelines pages 25 and 26 state, "Not generally recommended for chronic pain disorder but recommended for cervical dystonia." It further states, "Not recommended for tension-type headache, migraine headache, fibromyositis, chronic neck pain, myofascial pain syndrome, and trigger-point injections." The medical reports provided indicate "The patient has had a recent migraine and is due for his next toxin injection." There is no discussion regarding cervical dystonia. In this case, the treating physician has previously prescribed Botox injection to the patient for his migraines. Botox is not supported for headaches; therefore, the request IS NOT medically necessary.