

<b>Case Number:</b>	CM14-0193380		
<b>Date Assigned:</b>	12/01/2014	<b>Date of Injury:</b>	12/06/2012
<b>Decision Date:</b>	01/16/2015	<b>UR Denial Date:</b>	11/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	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. The expert reviewer is Board Certified in Occupational Medicine 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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic knee, leg, and neck pain reportedly associated with an industrial injury of December 6, 2012. In a Utilization Review Report dated November 14, 2014, the claims administrator failed to approve a request for Botox injections. The claims administrator suggested that its decision was based on an October 29, 2014 office visit. The claims administrator noted that the applicant had recently received trigger point injections and greater occipital nerve block. The claims administrator did not identify whether this was a first time request for Botox injections or a repeat or renewal request. The applicant's attorney subsequently appealed. In a work status report dated October 28, 2014, the applicant was placed off of work, on total temporary disability, for eight weeks. Botox injections were sought for reported issues with cervical muscle spasms, spasticity, and/or dystonia. Overall documentation was sparse. The applicant was concurrently given prescriptions for Pamelor, Imitrex, and Norflex. In an associated progress note dated October 28, 2014, the applicant reported multifocal complaints, including neck pain, headaches, muscle spasms, myofascial pain, and posttraumatic headaches. The applicant was given refills of Imitrex, Pamelor and Norflex. Botox injections were sought for alleged cervical dystonia. The applicant did exhibit moderate generalized tenderness over the neck and shoulder girdle with limited range of motion appreciated in all directions. Grimacing and guarding were evident.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Botox:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Botulinum Toxin Page(s): 25-26.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Botulinum Toxin topic Page(s): 26.

**Decision rationale:** As noted on page 26 of the MTUS Chronic Pain Medical Treatment Guidelines, Botox injections are not recommended for the following: "Tension-type headache; migraine headache; fibromyositis; chronic neck pain; myofascial pain syndrome; and trigger point injections." In this case, there is, in fact, considerable lack of diagnostic clarity. The applicant has been given multiple diagnoses, including posttraumatic headaches versus migraine headaches, versus cervicogenic headaches, myofascial pain syndrome, cervical muscle spasm, etc. The fact that trigger point injections have recently been performed for presumed myofascial pain and that greater occipital nerve block have also recently been performed only adds to the lack of diagnostic clarity present here. The request, thus, is not indicated both owing to (a) lack of diagnostic clarity present here and (b) tepid-to-unfavorable MTUS position on the article at issue. Therefore, the request is not medically necessary.