MAXIMUS Federal Services

Case Number:	CM14-0197151		
Date Assigned:	12/05/2014	Date of Injury:	01/27/1995
Decision Date:	01/30/2015	UR Denial Date:	10/28/2014
Priority:	Standard	Application Received:	11/24/2014

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 neck pain, headaches, and shoulder pain reportedly associated with an industrial injury of January 27, 1995.In a Utilization Review Report dated October 28, 2014, the claims administrator denied a request for Botox injections. The claims administrator referenced an October 25, 2014 RFA form and progress notes of September 25, 2014 and August 4, 2014 in its denial. The claims administrator suggested that the applicant was receiving Botox injections for migraine headaches. It was stated that the applicant had maintained regular duty work status after having had prior Botox injections. The claims administrator referenced page 175 of the ACOEM Practice Guidelines and non-MTUS ODG guidelines in its denial.The applicant's attorney subsequently appealed.On August 4, 2014, the applicant reported ongoing complaints of neck and shoulder pain. The applicant was maintaining an active lifestyle and had missed very few days of work, it was stated. The applicant was asked to obtain Botox injections and/or occipital blocks and/or trigger point injections on an as-needed basis.On October 27, 2014, the applicant stated that the effects of Botox injections were good. The applicant was obese, with a BMI of 39. The applicant apparently had issues with posttraumatic headaches, migraine headaches, TMJ, neck pain, and shoulder pain. The applicant received an occipital nerve block on October 27, 2014. The applicant was returned to regular duty work via a work status report of October 23, 2014.On September 25, 2014, the applicant was given trigger point injections for reported myofascial pain. It appeared that Botox injections were concomitantly administered. The attending provider posited that the applicant had issues with mixed headaches/posttraumatic headaches of migrainous etiology. The applicant had maintained regular duty work status, it was stated.

IMR ISSUES, DECISIONS AND RATIONALES

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

Botox administration 100 units: Upheld

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

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

Decision rationale: 1. The request for Botox administration-100 units was not medically necessary, medically appropriate, or indicated here.As noted on page 26 of the MTUS Chronic Pain Medical Treatment Guidelines, Botox injections are "not recommended" for administration in conjunction with trigger point injections, in myofascial pain syndrome, and/or in applicants with tension-type headaches, i.e., several of the diagnoses reportedly present here. While page 26 of the MTUS Chronic Pain Medical Treatment Guidelines does qualify its overall and favorable position by noting that the evidence on Botox injections is "mixed" for applicants with migraine headaches, in this case, however, there is a considerable lack of diagnostic clarity present here as the applicant has been given occipital nerve blocks for suspected occipital neuralgia, trigger point injections for myofascial pain syndrome, and/or Botox injections for chronic neck pain. The request, thus, was not indicated both owing to (a) the tepid-to-unfavorable MTUS position on the article at issue and (b) the considerable lack of diagnostic clarity present here. Therefore, the request is not medically necessary.