

Case Number:	CM14-0204783		
Date Assigned:	12/17/2014	Date of Injury:	04/01/2009
Decision Date:	02/05/2015	UR Denial Date:	11/24/2014
Priority:	Standard	Application Received:	12/08/2014

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, 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 injured worker (IW) is a 45-year-old man with a date of injury of April 1, 2009. The mechanism of injury was not documented in the medical record. The injured worker's working diagnoses are multiple non-displaced rib fractures; mild post-concussion syndrome; minor head injury; posttraumatic stress disorder; mild amnesia, improving but with delayed responses and impaired concentration; cervical strain and chronic pain, minimal; myofascial tension in the thoracic region; migraine headache; sleepless function to the pain; gastrointestinal symptoms; deconditioning due to prolonged pain; depression related to chronic pain; posterior medic stress disorder, stable; and erectile dysfunction due to chronic pain not accepted as industrial injury. Pursuant to the progress note by the treating physician dated November 11, 2014, there are entries regarding insomnia, omeprazole to control gastrointestinal symptoms, and the positive response to Nuvigl and Methylphenidate. There are several guidelines quoted. The IW reports his migraine headaches have decreased by half since Botox was injected into his scalp muscles. The IW reports he continues to sleep 7 hours a night with 1 to 2 interruptions due to pain. He continues to walk up to 45-60 minutes, 5 days a week. He performs an independent exercise program, which was taught to him by a physical therapist. Activities of daily living remain limited. Objectively, the IW had scalp tenderness to palpation on the right side in the region of the occipital nerve. Examination of the cervical spine reveals posterior lateral bending caused pain in the cervical spine. The upper thoracic region showed 30 degrees of forward kyphosis. Cervical chin tucking aggravated pain complains. Myofascial tension remained 2+ bilaterally at the approximate T1-T10 area bilaterally. Future medical treatment includes current medications as prescribed. There was no documentation as to the medications that the IW was taking at the current time. The documentation does not contain evidence of a causal relationship between chronic migraine headaches and the work injury. The record indicates Botox injections were

provided on two occasions, 12 weeks apart. The current request is for Botox injections to the scalp.

IMR ISSUES, DECISIONS AND RATIONALES

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

Botox injections to scalp: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG)

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

Decision rationale: Pursuant to the Official Disability Guidelines, Botox injections to the scalp are not medically necessary. Botox is recommended as an indication for prevention of headaches in patients with chronic migraine. The criteria for Botox for prevention of chronic migraine headaches are enumerated in the Official Disability Guidelines. An initial 12 week trial if all of the following are met: diagnosis of chronic migraine headache; within 15 days per month with headache lasting four hours a day for longer; not responded to at least three prior first-line migraine headache prophylaxis medications, choose from amitriptyline, beta blockers. Continuing treatment for ongoing prevention frequency reduced by at least seven days per month; duration was reduced by at least 100 hours per month; discontinuous headache days reduced to less than 15 days over three consecutive months. In this case, the injured worker's working diagnoses are multiple non-displaced rib fractures; mild post-concussion syndrome, minor head injury, posttraumatic stress disorder, mild amnesia, improving but with delayed responses and impaired concentration; cervical strain and chronic pain, minimal; myofascial tension in the thoracic region; migraine headache; sleepless function to the pain; gastrointestinal symptoms; deconditioning due to prolonged pain; depression related to chronic pain; posterior medic stress disorder, stable; and erectile dysfunction due to chronic pain not accepted as industrial injury. The documentation contains multiple progress notes from the same qualified medical evaluator. Progress note dated November 11, 2014 contains entries regarding insomnia, omeprazole to control gastrointestinal symptoms, and the positive response to Nuvigl and Methylphenidate. There are several guidelines quoted. There is still tenderness to palpation. This physical finding was present in several of the progress notes in the medical record. Future medical treatment includes current medications as prescribed. There was no documentation as the medications that the injured worker was taking at the current time. There were no entries regarding present headache complaints or required documentation to satisfy the ODG. Further review of the medical record does not contain any comorbid problems or past medical history. The documentation does not contain evidence of a causal relationship between chronic migraine headaches and the work injury. The record indicates Botox injections were provided on two occasions, 12 weeks apart. It appears the utilization review physician attempted to contact the treating physician for additional information on November 21, 2014 and November 24, 2014. Messages were left, however, no peer-to-peer contact was established. Consequently, absent the

appropriate clinical documentation/indication to repeat Botox and the established causal relationship between the work injury and chronic migraine headaches, Botox injections to the scalp are not medically necessary.