

Case Number:	CM14-0060362		
Date Assigned:	07/09/2014	Date of Injury:	04/03/2005
Decision Date:	01/22/2015	UR Denial Date:	04/02/2014
Priority:	Standard	Application Received:	05/01/2014

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 Family Practice, and is licensed to practice in 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 46 year-old female who was injured on 4/3/05. She complained of continued migraine headaches, head and neck pain, and left shoulder pain. On exam, she had decreased range of motion of her cervical spine. She had a history of cerebrovascular accident with loss of depth of vision in her left eye. She was diagnosed with cervical disc degeneration and migraine headaches. She had trigger point injections in her cervical spine. She had myofascial pain syndrome with direct relationship between the specific trigger points and its associated pain region. Her medication included Fioricet which helped her headaches. Butrans patch also helped. The patient was also on Soma and Norco. The current request is for Botox injection for migraine therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Botox Injection for Migraine Therapy 200 units in 31 sites: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

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

Decision rationale: The request is considered not medically necessary. The patient was diagnosed with migraine headaches for which she took Fioricet which was helpful. As per MTUS guidelines, Botox is not recommended for migraine headaches or myofascial pain. It is recommended for cervical dystonia and chronic low back pain in conjunction with a functional restoration program, both of which the patient was not diagnosed with. Therefore, the request is considered not medically necessary.