

Case Number:	CM15-0104815		
Date Assigned:	06/09/2015	Date of Injury:	09/30/2002
Decision Date:	07/14/2015	UR Denial Date:	05/21/2015
Priority:	Standard	Application Received:	06/01/2015

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: New Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

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 sustained an industrial injury on September 30, 2002, incurring back injuries. She was diagnosed with bilateral thoracic outlet syndrome, cervical dystonia and migraines. Treatment included pain medications, trigger point injections, muscle relaxants, and antidepressants, spinal cord stimulator and work restrictions. Currently, the injured worker complained of persistent, intractable gluteal pain and frequent, chronic headaches. The treatment plan that was requested for authorization included cranial Botox chemo denervation injection for migraine headaches as an outpatient.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cranial botox chemodenervation injection for migraine headaches as an outpatient:
 Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Botulinum toxin for chronic migraine. <http://www.odg-twc.com/index.html>.

Decision rationale: According to ODG guidelines, criteria for botulinum toxin (Botox) for prevention of chronic migraine headaches: An initial 12-week trial if all of the following are met: Diagnosed with chronic migraine headache; & more than 15 days per month with headaches lasting 4 hours a day or longer; & not responded to at least three prior first-line migraine headache prophylaxis medications, choose from: Amitriptyline, beta blockers (metoprolol, propranolol, and timolol), topiramate as well as valproic acid and its derivatives, are first-line agents for the treatment of chronic migraines. Continuing treatment for ongoing prevention: Frequency reduced by at least 7 days per month (when compared to pre-treatment average); or Duration was reduced by at least 100 hours per month (compared to pre-treatment). Discontinue if headache days reduced to less than 15 days a month over three consecutive months (qualifies as episodic migraine, not covered for Botox). There is no clear documentation that the patient headaches are of migraine type. There is no clear documentation that the patient fulfills ODG guidelines for the treatment of migraine headaches with Botox. Therefore, the request is not medically necessary.