

<b>Case Number:</b>	CM15-0105138		
<b>Date Assigned:</b>	06/09/2015	<b>Date of Injury:</b>	01/06/1989
<b>Decision Date:</b>	07/14/2015	<b>UR Denial Date:</b>	05/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	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: California

Certification(s)/Specialty: Emergency 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 49 year old female who sustained an industrial injury on 1/6/89. The injured worker was diagnosed as having migraine headaches and rule out cervical disc deterioration. Currently, the injured worker was with complaints of increased severity of migraine headaches. Previous treatments included medication management. Previous diagnostic studies included a magnetic resonance imaging. The injured workers pain level was noted as 6/10. The plan of care was for a referral and a magnetic resonance imaging.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cervical MRI (magnetic resonance imaging) without contrast:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): table 8-7.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178-179.

**Decision rationale:** The requested Cervical MRI (magnetic resonance imaging) without contrast is not medically necessary. CA MTUS, ACOEM 2nd Edition, 2004, Chapter 8, Neck and Upper Back Complaints, Special Studies and Diagnostic and Therapeutic Considerations, Pages 178-179, recommend imaging studies of the cervical spine with "Unequivocal objective findings that identify specific nerve compromise on the neurological examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option." The injured worker has migraine headaches and rule out cervical disc deterioration. Currently, the injured worker was with complaints of increased severity of migraine headaches. Previous treatments included medication management. The treating physician has not documented a history of acute trauma, or physical exam evidence indicative of radiculopathy such as a Spurling s sign or deficits in dermatomal sensation, reflexes or muscle strength. The criteria noted above not having been met, Cervical MRI (magnetic resonance imaging) without contrast is not medically necessary.

**Referral to Headache specialist, to assess for Botox treatment of Migraine headaches:**  
Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Botulinum toxin (Botox/ Myobloc). Decision based on Non-MTUS Citation ACOEM Chapter 7: Independent Medical Examinations and Consultations.

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

**Decision rationale:** The requested Referral to Headache specialist, to assess for Botox treatment of Migraine headaches is medically necessary. MTUS 2009 Chronic Pain Treatment Guidelines 7/18/2009 Page Num: 25-26 Treatment: Botulinum toxin (Botox; Myobloc) Recommended: cervical dystonia. The injured worker has migraine headaches and rule out cervical disc deterioration. Currently, the injured worker was with complaints of increased severity of migraine headaches. Previous treatments included medication management. The treating physician has not documented a history of acute trauma, or physical exam evidence indicative of radiculopathy such as a Spurling s sign or deficits in dermatomal sensation, reflexes or muscle strength. The criteria noted above having been met, Referral to Headache specialist, to assess for Botox treatment of Migraine headaches is medically necessary.