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| Case Number: | CM15-0130021 | | |
| Date Assigned: | 07/16/2015 | Date of Injury: | 03/29/2011 |
| Decision Date: | 09/09/2015 | UR Denial Date: | 06/26/2015 |
| Priority: | Standard | Application Received: | 07/06/2015 |

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 York

Certification(s)/Specialty: Internal 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 59-year-old male, who sustained an industrial injury on March 29, 2011. He reported impaired memory and processing, migraines, right sided rib pain, sternal pain, neck pain and back pain following a motor vehicle accident. The injured worker was diagnosed as having mild chronic post-concussive headache complicated by untreated obstructive sleep apnea. Treatment to date has included diagnostic studies, radiographic imaging, medications, CPAP, conservative care and work restrictions. Currently, the injured worker complains of continued impaired memory and processing, migraines, right sided rib pain, sternal pain, neck pain and back pain. He also reported a physiologic tremor and vibration at the bilateral great toes. The injured worker reported an industrial injury in 2011, resulting in the above noted pain. He was treated conservatively without complete resolution of the pain. Evaluation on May 14, 2015, revealed continued pain as noted with associated symptoms. Computed tomography of the brain on February 9, 2015, revealed no intracranial findings. He reported recently undergoing a polysomnogram in which a CPAP was placed. He reported feeling rested the following morning. He described his headaches as located in the frontal region, constant and persistent and rated between 2 and 3 on a 1-10 scale with 10 being the worst. He noted the headaches were worse in the mornings slightly improving after getting up. He reported still not having full memories. It was noted he had failed trials of Fioricet, beta-blockers, steroids, Nortriptyline and Cymbalta. In addition to chronic headache, since the accident it was noted he experienced multiple blood clots of the upper and lower extremities. It was noted he had an arrhythmia and some medications worsened the condition. The physician noted oral pain prophylactics were significantly limited

secondary to chronic anticoagulant therapy. Holistic treatment options and Botox therapy were discussed. It was also noted the headaches and fatigue were complicated by untreated sleep apnea. Medications were continued. Evaluation on July 1, 2015, revealed continued pain as noted. He reported trying the CPAP for one month with no change in symptoms. He reported continued chronic migraine. Botox therapy injections in about a month were requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Botox therapy injections in about a month: Upheld

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

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

Decision rationale: According to the California (CA) MTUS Guidelines, Botulinum toxin (Botox) injections are intended to treat cervical dystonia. The MTUS does not recommend the use of Botox injections to treat tension type headaches, migraine headaches, fibromyositis, chronic neck pain, myofascial pain syndrome or trigger points. The CA MTUS recommends the use of Botox for cervical dystonia if a positive initial response predicts subsequent responsiveness as an option in conjunction with a functional restoration program (FRP). In this case, Botox injections were requested to treat migraine headaches. There was no noted diagnosis of cervical dystonia and there was no quantity or dose noted on the requested treatment. For these reasons, Botox therapy injections in about a month are not medically necessary.