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| Case Number: | CM15-0130330 | | |
| Date Assigned: | 07/16/2015 | Date of Injury: | 10/03/2011 |
| Decision Date: | 08/27/2015 | UR Denial Date: | 06/08/2015 |
| 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 44-year-old female who sustained an industrial injury on 10-3-11. Diagnoses are post-concussion syndrome, posttraumatic headache, vestibular disorder or illusion, anxiety state not otherwise specified, depression not otherwise specified, bipolar disorder not otherwise specified, obstructive sleep apnea, myofascial pain, vestibular neuritis, temporomandibular joint disorder, dizziness-vertigo, gait disturbance, vitamin D deficiency, and Migraine not otherwise specified-not intractable. In an encounter note dated 5-29-15, the treating physician reports the injured worker has chronic daily headaches and vestibular disorder. In 2008, she was assaulted resulting in loss of consciousness, diplopia and facial contusion. In 2011, she was assaulted again. She was punched in the right ear causing concussion, dazed feeling and diplopia. Since the second injury, her headaches have become more severe in intensity and she has constant buzzing-tingling in her right ear, experiences tingling sensation in her frontal region and increased fatigue. The tinnitus improved slightly after acupuncture and conservative therapy. The MRI of the brain done in 2013 showed mastoid fluid. On exam, she has horizontal nystagmus and myofascial head and neck pain with popping of bilateral temporomandibular joint on exam. The injured worker notes she has missed work due to flare-ups of vertigo or headaches. The injured worker rates her pain at 10 out of 10 this day. No memory impairment is noted. Her neck has full range of motion in all directions with pain. There is tenderness to palpation in the cervical paraspinal muscles. Romberg is positive with loss of balance. She is unable to do tandem gait due to balance problems. On 5-29-15, trigger point injections were done using ultrasound to the bilateral trapezius, rhomboids, and cervical

paraspinal muscles. The most recent brain MRI was performed in 2013. Her symptoms seem to be gradually worsening. She complains of gait imbalance and when she walks, she feels a spinning sensation. She has frequent falls. She is disabled due to her vertigo and balance issue and has been unable to drive for the past 4 months. She has chronic migraine headaches. She has more than 15 per month, lasting more than 4 hours per day. She has failed on Immitrex, Klonopin, Prozac, Mirtazipine, and Topamax. Work status is that she is off work until 6-15-15. The requested treatment is transportation to future medical appointments, MRI-MRA of the brain and neck, and Botox injection; 200 units for migraine headaches.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transportation to future medical appointments: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment for Workers Compensation, Transportation.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg (Acute and Chronic), Transportation to and from appointments.

Decision rationale: The claimant sustained a work injury in October 2011 and continues to be treated for post concussive syndrome. When seen, she was having daily migraine headaches and neck pain. Pain was rated at 8/10. Physical examination findings included pain with cervical spine range of motion and paraspinal muscle tenderness with trigger points. There was cervical facet joint tenderness. She had positive Romberg testing with nystagmus. She was unable to perform tandem walking due to decreased balance. She was noted to walk slowly while holding on to things and seemed unsteady. Authorization for Botox injections for migraines was requested. Prior medications had included Imitrex, mirtazapine, Topamax, Klonopin, and Prozac. She had been unable to drive for the previous four months and was being brought to appointments by her spouse. Authorization for transportation to future appointments was requested. An MRI/MRA of the brain and neck was requested due to a gradual worsening of symptoms. Prior testing has included an MRI of the brain in 2013. The claimant was referred to a neurotologist. Transportation is recommended for appointments in the same community for patients with disabilities preventing them from self-transportation. In this case, the claimant is able to attend outpatient appointments but requires assistance from her spouse. However, the duration and frequency of the request is not specified. It cannot be accepted as being medically necessary.

MRI/MRA of the brain and neck: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head (trauma, headaches, etc., not including stress & mental disorders), MRI (magnetic resonance imaging) and Other Medical Treatment Guidelines American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 6, p13.

Decision rationale: The claimant sustained a work injury in October 2011 and continues to be treated for post concussive syndrome. When seen, she was having daily migraine headaches and neck pain. Pain was rated at 8/10. Physical examination findings included pain with cervical spine range of motion and paraspinal muscle tenderness with trigger points. There was cervical facet joint tenderness. She had positive Romberg testing with nystagmus. She was unable to perform tandem walking due to decreased balance. She was noted to walk slowly while holding on to things and seemed unsteady. Authorization for Botox injections for migraines was requested. Prior medications had included Imitrex, mirtazapine, Topamax, Klonopin, and Prozac. She had been unable to drive for the previous four months and was being brought to appointments by her spouse. Authorization for transportation to future appointments was requested. An MRI/MRA of the brain and neck was requested due to a gradual worsening of symptoms. Prior testing has included an MRI of the brain in 2013. The claimant was referred to a neurotologist. Indications for obtaining an MRI of the brain are to evaluate neurological deficits not explained by CT, to evaluate prolonged interval of disturbed consciousness, or to define evidence of acute changes super-imposed on previous trauma or disease. In this case, there are no reported acute findings or recent trauma. A neurotology evaluation was also requested. Guidelines recommend against repeated diagnostic testing without indication as it focuses the patient on finding an anatomic abnormality, rather than focusing on maintaining and increasing functional outcomes. Obtaining advanced imaging of the brain or neck without the results of this evaluation is not medically necessary.

Botox injection, 200 units for migraine headaches: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Botox (Botulinum toxin Myobloc).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head (trauma, headaches, etc., not including stress & mental disorders), Botulinum toxin for chronic migraine.

Decision rationale: The claimant sustained a work injury in October 2011 and continues to be treated for post concussive syndrome. When seen, she was having daily migraine headaches and neck pain. Pain was rated at 8/10. Physical examination findings included pain with cervical spine range of motion and paraspinal muscle tenderness with trigger points. There was cervical facet joint tenderness. She had positive Romberg testing with nystagmus. She was unable to perform tandem walking due to decreased balance. She was noted to walk slowly while holding on to things and seemed unsteady. Authorization for Botox injections for migraines was requested. Prior medications had included Imitrex, mirtazapine, Topamax, Klonopin, and Prozac. She had been unable to drive for the previous four months and was being brought to appointments by her spouse. Authorization for transportation to future appointments was

requested. An MRI/MRA of the brain and neck was requested due to a gradual worsening of symptoms. Prior testing has included an MRI of the brain in 2013. The claimant was referred to a neurotologist. Criteria for a 12 week trial of botulinum toxin (Botox) for prevention of chronic migraine headaches include a diagnosis of chronic migraine headache with frequent headaches lasting 4 hours a day or longer, and not responsive to at least three prior first-line migraine headache prophylaxis medications. In this case, there is no documented failure of adequate trials of three first-line medications for prophylaxis and the request is not medically necessary.