

Case Number:	CM15-0133037		
Date Assigned:	07/21/2015	Date of Injury:	09/20/2012
Decision Date:	08/24/2015	UR Denial Date:	06/12/2015
Priority:	Standard	Application Received:	07/09/2015

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: 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 63-year-old female with a reported date of injury of 09/20/2012. The mechanism of injury was a fall after leaning on a bookshelf that collapsed. She fell forward and struck the sharp edge of the shelf with her head, directly lateral to her right eye. The injured worker also had a mild concussion. The injured worker's symptoms at the time of the injury included immediate dizziness, bruising, a black eye on the right, loss of 3-D vision, and loss of the ability to focus. There were also some headaches. She developed right-sided facial spasm, which started around her right eye. The diagnoses include post concussive syndrome. Treatments and evaluation to date have included oral medications and Botox injections. The diagnostic studies to date have included an MRI of the brain on 03/19/2015; and a CT scan of the head to rule out an orbital fracture. The medical report dated 03/19/2015 indicates that the injured worker felt that the spasms of her face had progressively increased, and that the Botox injections caused more side effects of weakness in her lower face with less effectiveness on the spasms. She also felt that her right eye was droopier, and wanted to return to a previous dosage that was more conservative. The focused neurological examination showed spasmodic jerky contractions of the muscles, which re-demonstrated forceful closure of her eyes and smiling with right facial nerve involuntary brief (less than one second) spasms involving the right orbicularis oculi and zygomatics, orbicularis oris. On the day of the visit there was botulinum toxin administration for the treatment of right hemifascial spasm of the eye. There were no immediate complications and the procedure was well tolerated. The worker's injurer work status was not specifically indicated. It was noted that the injured worker acknowledged that the movements

were worse during stressful situations and has recently needed to look for a new job. The treating physician requested Chemodenervation, Botox injection, and needle-guided electromyography (EMG).

IMR ISSUES, DECISIONS AND RATIONALES

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

Botox injections, 100 units each 4 treatments or 400 units: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Botulinum toxin (Botox; myobloc Page(s): 25-26. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head chapter, Botulinum toxin for spasticity (following TBI).

Decision rationale: The CA MTUS Guidelines indicate that botulinum toxin is generally not recommended for chronic pain disorders, but is recommended for cervical dystonia. The guidelines also state that it is not recommended for tension-type headache, migraine headache, fibromyositis, chronic neck pain, myofascial pain syndrome, and trigger point injections. There was no evidence that the injured worker had been diagnosed with any of these conditions. The non-MTUS Official Disability Guidelines recommend botulinum toxin for spasticity following TBI (traumatic brain injury). The findings from multiple clinical trials suggest that Botulinum toxin A may be useful in the management of spasticity following TBI. The injured worker was injected with Onabotulinumtoxin A on 03/19/2015 for the treatment of right hemifascial spasm for the spasms of the eye. Therefore, the request for Botox injection is medically necessary.

Chemodenervatin; Qty 4.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.ncbi.nlm.nih.gov.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Botulinum toxin (Botox; myobloc) Page(s): 25-26. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head chapter, Botulinum toxin for spasticity (following TBI).

Decision rationale: Chemodenervation is a term frequently used to describe the use of Botulinum Toxin to treat various forms of neurological conditions. The CA MTUS Guidelines indicate that botulinum toxin is generally not recommended for chronic pain disorders, but is recommended for cervical dystonia. The guidelines also state that it is not recommended for tension-type headache, migraine headache, fibromyositis, chronic neck pain, myofascial pain syndrome, and trigger point injections. There was no evidence that the injured worker had been diagnosed with any of these conditions. The non-MTUS Official Disability Guidelines recommend botulinum toxin for spasticity following TBI (traumatic brain injury). The findings

from multiple clinical trials suggest that Botulinum toxin A may be useful in the management of spasticity following TBI. The injured worker was injected with Onabotulinumtoxin A on 03/19/2015 for the treatment of right hemifascial spasm for the spasms of the eye. A request for 4 treatments of botulism injections has been approved during this review. Therefore, the request for Chemodenervation is redundant and is not medically necessary.

Needle-guided EMG (electromyography) Qty: 4: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.ncbi.nlm.nih.gov.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Botulinum toxin (Botox; myobloc) Page(s): 25-26. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head chapter, Botulinum toxin for spasticity (following TBI).

Decision rationale: The above referenced guidelines were used in support of the use of botulinum toxin for a series of 4 injections. The use of needle guided EMG is importance for safety and accuracy of toxin application. Because the injections have been approved, the request for needle-guided EMG is considered medically necessary.