

<b>Case Number:</b>	CM15-0133264		
<b>Date Assigned:</b>	07/21/2015	<b>Date of Injury:</b>	07/08/2009
<b>Decision Date:</b>	08/17/2015	<b>UR Denial Date:</b>	06/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	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: 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 64 year old male, who sustained an industrial injury on 7/08/2009. Diagnoses include headache, cervicgia, lumbago and encounter long term use meds. Treatment to date has included surgical intervention (emergency laser surgery to the eye, 2009) as well as conservative care including diagnostics, medications, therapy and psychological testing. Medications include hydrocodone, Gabapentin, and Zolpidem. Per the Primary Treating Physician's Progress Report dated 5/14/2015, the injured worker reported right sides occipital, parietal and temporal headaches basically every day. They can be global in nature. Medications help somewhat. Physical examination of the head and neck revealed limited range of motion. Examination of the spine, pelvis and ribs revealed mild tenderness with diminished lumbar flexion and extension. The plan of care included diagnostics, Botox injections and medial branch blocks. Authorization was requested for Botox (200U) injection cervical spine x 2 for the treatment of headaches.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**C/S Botox 200U injections 2 times (treatment of headaches): Upheld**

**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: Botulinum toxin for tension headache.

**Decision rationale:** As per MTUS Chronic pain guidelines and Official Disability Guidelines, botulinum toxin injections are not recommended for non-specific headaches. Botox has been FDA approved for chronic migraines since MTUS guidelines were last updated. However, patient does not have a diagnosis of migraines and is not being treated with any medications for migraines. Botox is not medically necessary for non-specific headaches.