

Case Number:	CM15-0163520		
Date Assigned:	08/31/2015	Date of Injury:	10/04/2011
Decision Date:	10/30/2015	UR Denial Date:	08/17/2015
Priority:	Standard	Application Received:	08/20/2015

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: Arizona, California

Certification(s)/Specialty: Family Practice

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, who sustained an industrial injury on October 4, 2011. She reported head, neck, bilateral arms, low back, left thigh and ankle pain as well as feeling dazed. Treatment to date has included medications, physical therapy, chiropractic care, x-rays, facet blocks, MRI, electrodiagnostic studies and wrist braces. Currently, the injured worker complains of headaches that are associated with blurry vision and nausea and occur almost daily. She reports neck pain (right greater than left) that is described as tight, stiff, burning and throbbing. She has bilateral shoulder pain that radiates to her fingertips and is associated with tingling and weakness. She has low back pain that radiates to her hips, groin, buttocks, legs and ankles. She reports her right leg gives way resulting in near falls. The pain is interfering with her sleep regimen, activities of daily living and ability to function. The injured worker is currently diagnosed with chronic pain. Her work status is modified duty (self-imposed limitations). A progress note dated January 29, 2015, states the injured worker received benefit from chiropractic treatments. The note also states she did not experience therapeutic efficacy from facet blocks. A progress note dated April 17, 2015, states the injured worker is experiencing a greater than 50% relief in pain from Flector patches. A progress note dated August 10, 2015, states the injured worker is experiencing pain relief from Cymbalta. The medications, Cymbalta 30 mg #90, to alleviate pain, and Botox injection 155 units (times one), to alleviate headaches, are requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Botox injection 155U #1: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Botox injections Page(s): 25.

Decision rationale: Botox is not recommended for the following: tension-type headache; migraine headache; fibromyositis; chronic neck pain; myofascial pain syndrome; & trigger point injections. The guidelines recommend Botox for cases of cervical dystonia. In this case, the claimant does have myoligamentous strain of the neck with herniated disc and headaches. There is no mention of migraines/aura or type of headache. There is also no mention of cervical dystonia. As a result, the request for Botox injections is not medically necessary.