

Case Number:	CM15-0181324		
Date Assigned:	09/16/2015	Date of Injury:	10/07/2009
Decision Date:	10/27/2015	UR Denial Date:	08/19/2015
Priority:	Standard	Application Received:	09/15/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 65-year-old who has filed a claim for chronic neck pain and headaches reportedly associated with an industrial injury of October 7, 2009. In a Utilization Review report dated August 19, 2015, the claims administrator failed to approve a request for Botox injections. The claims administrator referenced an August 14, 2015 RFA and an associated August 11, 2015 office visit in its determination. The applicant and/or applicant's attorney subsequently appealed. In a letter dated September 12, 2015, the applicant personally appealed, stating that Botox injections represented the sole viable option for her ongoing complaints of headaches. The applicant acknowledged that she was using Norco and Oxycodone. In a progress note dated July 17, 2015, the applicant reported ongoing complaints of neck pain, low back pain, and migraine headaches. The applicant reported having received prior Botox injections, including on August 11, 2014. The applicant had tenderness about the TMJ region. The attending provider contended that the applicant would need continued usage of Botox injections and various other analgesic medications. The applicant was given a 24% whole person impairment rating. The applicant was deemed incapable of returning to his usual and customary work. The attending provider stated that the applicant was a "qualified injured worker," suggesting that the applicant was not, in fact, working.

IMR ISSUES, DECISIONS AND RATIONALES

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

Botox 200 units: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Introduction, Botulinum toxin (Botox Myobloc).

Decision rationale: No, the request for Botox 200 units was not medically necessary, medically appropriate, or indicated here. The attending provider and the applicant both seemingly suggested that the Botox injections at issue were in fact being employed for migraine headaches. However, page 26 of the MTUS Chronic Pain Medical Treatment Guidelines notes that Botox injections are "not recommended" for migraine headaches, i.e., the operating diagnosis here. While another section of page 26 of the MTUS Chronic Pain Medical Treatment Guidelines qualifies that position by noting that the evidence on Botox injections for migraine headaches is "mixed," this recommendation is, however, qualified by further commentary made on page 26 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that repeat Botox injections for a proximate body part, the low back, should be employed only as an "option in conjunction with a functional restoration program." Page 8 of the MTUS Chronic Pain Medical Treatment Guidelines further stipulates that demonstration of functional improvement is necessary at various milestones in the treatment program in order to justify continued treatment. Here, the applicant had received multiple prior Botox injections, it was acknowledged on the attending provider's appeal letter of July 17, 2015. The applicant had, however, failed to profit from the same. The applicant was off of work and had been deemed a "qualified injured worker," the attending provider reported on July 17, 2015. The applicant was given a large 24% whole person impairment rating on that date. The applicant still reported frequent complaints of headaches present on multiple times a week as of July 17, 2015. The applicant acknowledged on an appeal letter dated September 12, 2015 that she was still using multiple opioids to include Norco and Oxycodone. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite receipt of prior Botox injections and strongly suggested that the 200-unit Botox injection at issue was not intended for use in conjunction with a program of functional restoration. Therefore, the request was not medically necessary.