

Case Number:	CM15-0181334		
Date Assigned:	09/22/2015	Date of Injury:	09/23/1997
Decision Date:	11/03/2015	UR Denial Date:	08/20/2015
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: California, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, 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 50 year old female, who sustained an industrial injury on 9-23-1997. The medical records submitted for this review did not include details regarding the initial injury. Diagnoses include chronic migraine, myalgia and myositis, cervical radiculitis, and myofascial pain syndrome. Treatments to date include activity modification, medication therapy, and physical therapy, and previous Botox Injection. Currently, she complained of daily headaches rated 8-10 out of 10 VAS, neck pain and spasms with radiation down to the right ribs. On 7-7-15, the physical examination documented guarded cervical range of motion with tenderness, muscle spasm, hypertonicity, and trigger points noted bilaterally. There was a positive Spurling's maneuver bilaterally. There were also multiple trigger points noted to the thoracic pain area. The provider documented she has been a year with no injections. The provider further documented that the last Botox injection was administered on 8-14-114 and "She feels Botox is working, no longer has headaches, and is back to doing all activities of daily life and working back at the gym." The medical record documented pre Botox headache duration is estimated at greater than 350 hours per month of migraines and post Botox she has no headaches for six weeks. The plan of care included Botox injections. The appeal requested authorization for Botox Injection, 300units, for Migraine Headaches. The Utilization Review dated 8-20-15, denied the request indicating the available medical records failed to include pre and post injection information per the California Medical Treatment Utilization Schedule (MRUS) Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Botox injection 300 units for migraine headaches: Overturned

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines Head chapter, updated 7/24/15.

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

Decision rationale: With regard to Botox injection, the MTUS CPMTG p25 states: "Not generally recommended for chronic pain disorders, but recommended for cervical dystonia. Not recommended for the following: tension-type headache; migraine headache; fibromyositis; chronic neck pain; myofascial pain syndrome; & trigger point injections." Per the medical records the injured worker has asymmetric cervical muscle spasm (with worsened guarding on right, with resultant radiation of pain with palpation of spasm of the muscles into the right ribs but not the left), and has right sided headaches, she meets the criteria for diagnosis of cervical dystonia. I respectfully disagree with the UR physician's denial based upon a lack of documented description of headaches, duration, and frequency. The request is medically necessary.