

<b>Case Number:</b>	CM15-0183209		
<b>Date Assigned:</b>	09/24/2015	<b>Date of Injury:</b>	01/11/2013
<b>Decision Date:</b>	11/12/2015	<b>UR Denial Date:</b>	09/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/17/2015

### 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: Pennsylvania, Ohio, California  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 45-year-old male, with a reported date of injury of 01-11-2013. The mechanism of injury was the result of a fall from approximately 12 feet. The diagnoses include post-concussion syndrome, headache, depression, post-traumatic stress disorder, neck pain, and long-term use of pain medications. Treatments and evaluation to date have included neuro-feedback sessions, Melatonin, Nabumetone, Seroquel, Cymbalta, a TENS (transcutaneous electrical nerve stimulation) unit, Topamax (poorly tolerated), Gabapentin (mild benefit), and Vicodin (failed). The diagnostic studies to date have not been included in the medical records. The visit note dated 08-26-2015 indicates that the injured worker continued to have constant daily headaches and requested Botox injections. The treating physician stated that the injured worker also continued to have a flattened affect and severe depression. The injured worker had insomnia but reported that he slept deeper since starting neuro-feedback sessions. It was noted that the injured worker had blurry vision, which was intermittent and worse with attempted focusing. He had increased headaches with left lateral gaze and difficulty looking to the left, and increased blurry vision on lateral gaze to the right. It was noted that the injured worker underwent an x-ray of the cervical spine on 11-18-2013 which showed no fracture, grade 1 retrolisthesis at C3-4 on extension and grade 1 anterolisthesis at C4-5 on flexion; a CT scan of the head with normal findings; and an MRI and MRA of the brain with normal findings. The objective findings include tenderness to palpation over the posterior cervical paraspinal muscles primarily on the right from the approximate levels of C3-C6; some mild limitation in cervical extension to 40 degrees but cervical flexion was grossly tolerated; extension more painful than

flexion; painful lateral rotation of the head to the right greater than lateral rotation of the head to the left; and lateral tilt to the right was more painful than lateral tilt to the left. The treatment plan included Botox injections into the neck and scalp muscles. The injured worker remained off work until the next clinical appointment. The request for authorization was dated 09-01-2015. The treating physician requested Botox injections into the neck, scalp muscles (155 units) .On 09-04-2015, Utilization Review (UR) non-certified the request for Botox injections into the neck, and scalp muscles (155 units).

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Botox injections into neck/scalp muscles (155 units): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter - Botulinum toxin.

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

**Decision rationale:** MTUS recommends the use of Botox for cervical dystonia (not generally a work related to condition) but not for chronic pain disorders. The records and guidelines do not support this request. The request is not medically necessary.