

<b>Case Number:</b>	CM15-0184345		
<b>Date Assigned:</b>	09/24/2015	<b>Date of Injury:</b>	02/07/2001
<b>Decision Date:</b>	11/10/2015	<b>UR Denial Date:</b>	08/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/18/2015

### 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: 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 67 year old male injured worker suffered an industrial injury on 2-7-2001. The diagnoses included chronic migraines and cervical spine muscle spasms. On 5-19-2015, the treating provider reported he had 8 migraines since the visit on 3-26-2015 and overall he had noticed a decrease in frequency and severity of the migraines and would like to continue with the Onabotulinum toxin injection treatment. On 7-21-15, the provider reported he had a reduction in the frequency and severity of the migraines since last visit on 6-16-2015 with the injections. On 8-20-2015, the provider noted that since the last injections on 7-21-2015 he had reduction in the frequency and severity of the migraines. On exam, the cervical muscles were less tight to palpation and no trigger points noted. Prior treatment included Onabotulinum toxin injections on 3-23-2015, 6-16-2015 and 7-21-2015. The Utilization Review on 8-28-2015 determined non-certification for Repeat Onabotulinum toxin injections 200 units.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Repeat Onabotulinum toxin injections 200 units:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004, and Chronic Pain Medical Treatment 2009.

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

**Decision rationale:** Injecting botulinum toxin has been shown to be effective in reducing pain and improving range of motion (ROM) in cervical dystonia, a non-traumatic or industrial disorder. While existing evidence shows injecting botulinum toxin to be safe, caution is needed due to the scarcity of high-quality studies. There are no high quality studies that support its use in whiplash-associated disorder, headaches, and would be precluded for diagnosis of cervical radiculopathy. MTUS advises Botox injections may be an option in the treatment of cervical dystonia, but does not recommend it for mechanical neck disorders, including whiplash, myofascial or migraine headaches. Report from the provider has not documented clinical findings or functional limitations to support for Botox injection with persistent pain and headache complaints. There are no neurological deficits demonstrated nor is there any functional benefit documented from treatment previously rendered. Submitted reports have not demonstrated subjective pain relief, functional improvement in ADLs, decreased in medical utilization or increased in work status for this chronic 2001 injury. Medical necessity has not been established. The Repeat Onabotulinum toxin injections 200 units are not medically necessary and appropriate.