

Case Number:	CM15-0201791		
Date Assigned:	10/16/2015	Date of Injury:	09/29/1993
Decision Date:	12/02/2015	UR Denial Date:	09/24/2015
Priority:	Standard	Application Received:	10/14/2015

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 48-year-old who has filed a claim for chronic low back pain, reflex sympathetic dystrophy, and migraine headaches reportedly associated with an industrial injury of December 29, 1993. In a Utilization Review report dated September 24, 2015, the claims administrator failed to approve requests for Botox injections and window tinting. An RFA form received on September 17, 2015 and an associated progress report dated September 2, 2015 were referenced in the determination. The applicant's attorney subsequently appealed. On an RFA form dated September 11, 2015, Botox injections, 12 sessions of physical therapy, and x-rays of the thoracic spine were sought. On a March 20, 2015 office visit, the applicant stated that her Botox injections were working. The applicant stated that she believed her migraine headaches were occurring less frequently. 7/10 pain complaints were noted. The applicant was considering a spinal cord stimulator trial, it was further noted. The note was difficult to follow as it mingled historical issues with current issues to a considerable degree. The applicant's medication list included Imitrex, Maxalt, Lasix, Zofran, Nuvigil, Voltaren gel, and Prilosec; it was reported in various sections of the note. Repeat Botox injections were sought. The applicant apparently received an intrathecal pain pump refill of some kind, the treating provider reported. The applicant was off of work and on disability, the treating provider reported in the Social History section of the note. On September 1, 2015, the attending provider reiterated his request for repeat Botox injections and stated that the applicant should receive the same every 3 months. The attending provider stated that the applicant's intrathecal pain pump was working well. The applicant was receiving Botox injection, Dilaudid, Skelaxin, MiraLax, an intrathecal pain pump, and a back brace, the treating provider in another section of the note.

The applicant's pain complaints were severe, the treating provider stated in yet another section of the note. The treating provider nevertheless contended that Botox injections had attenuated the severity of the applicant's migraines. The applicant was also using an Alpha stimulator device, it was further noted, as well as an H-Wave device, the treating provider contended. The applicant was again described as off of work and on disability, the treating provider reported in the Social History section of the note.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Botox injections for migraines 200 units: Upheld

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

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

Decision rationale: No, the request for 1 Botox injection was not medically necessary, medically appropriate, or indicated here. As noted on page 26 of the MTUS Chronic Pain Medical Treatment Guidelines, Botox injections are deemed "not recommended" for migraine headaches, i.e., the operating diagnosis here. While in another section of page 26 of the MTUS Chronic Pain Medical Treatment Guidelines acknowledges that the evidence on Botox injections for migraine headaches is "mix," page 8 of the MTUS Chronic Pain Medical Treatment Guidelines nevertheless qualifies its position by noting that demonstration of functional improvement is necessary at various milestones in the treatment program in order to justify continued treatment. Here, however, the applicant remained off of work and on disability, the treating provider reported on September 1, 2015. Receipt of prior Botox injections failed to curtail the applicant's dependence on intrathecal medications, oral opioids such as Dilaudid, topical agents such as Voltaren gel, etc. it was acknowledged on the September 1, 2015 office visit at issue. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite receipt of multiple prior Botox injections over the course of the claim. Therefore, the request was not medically necessary.