

<b>Case Number:</b>	CM15-0203300		
<b>Date Assigned:</b>	10/20/2015	<b>Date of Injury:</b>	08/04/2004
<b>Decision Date:</b>	12/04/2015	<b>UR Denial Date:</b>	10/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/15/2015

### 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 36-year-old who has filed a claim for chronic neck pain with derivative complaints of headaches reportedly associated with an industrial injury of August 4, 2004. In a Utilization Review report dated October 9, 2015, the claims administrator failed to approve requests for Botox injections and trigger point injections. A September 21, 2015 office visit was referenced in the determination. The claims administrator contended that the applicant had had prior Botox injections. The applicant's attorney subsequently appealed. On September 21, 2015, the applicant reported ongoing issues with neck pain and migraine type headaches. The attending provider contended that the applicant was working. The applicant had issues with cervicogenic headaches, occipital headaches, and at times, migrainous type headaches, the treating provider reported. The applicant also had pain complaints associated with residual pain complaints status post earlier cervical spine surgery, the treating provider reported. Trigger point injections were performed in the clinic. The attending provider contended that previously performed migraine headaches attenuated the frequency and severity of the applicant's migraine type headaches. The applicant contended the applicant had palpable tender points noted at the neck, occiput, temporalis, trapezius, and levator scapulae musculature. The applicant had received earlier trigger point injections on March 13, 2015, the treating provider reported. The applicant had issues with myofascial pain and pain associated with migraine type headaches, the treating provider reported.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Botox injection:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Botulinum toxin (Botox Myobloc). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Head Chapter, Botulinum toxin for chronic migraine.

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

**Decision rationale:** Yes, the request for a Botox injection was medically necessary, medically appropriate, and indicated here. While one section of page 26 of the MTUS Chronic Pain Medical Treatment Guidelines states that Botox injections are "not recommended" for applicants with migraine headaches, another section of page 26 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that the evidence on Botox is "mixed" for migraine headaches. A more updated Medical Treatment Guideline (MTG) in form of ODG's Head Chapter Botulinum toxin for chronic migraine topic notes that Botox injections are recommended for continued treatment for ongoing migraine prevention. Page 8 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that demonstration of functional improvement is necessary at various milestones in the treatment program in order to justify continued treatment. Here, the applicant's successful return to and/or maintenance of full-time work status did constitute prima facie evidence of functional improvement as defined in MTUS 9792.20e following receipt of earlier Botox injections. Moving forward with a repeat Botox injection was, thus, indicated. Therefore, the request was medically necessary.

**Trigger point injections DOS 9/21/15:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Trigger point injections.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Trigger point injections.

**Decision rationale:** Similarly, the request for trigger point injection performed on September 21, 2015 was likewise medically necessary, medically appropriate, and indicated here. The request was framed as a request for a repeat trigger point injection. Page 122 of the MTUS Chronic Pain Medical Treatment Guidelines would stipulate that trigger point injections should not be repeated without evidence of lasting analgesia and functional improvement with earlier blocks. Here, the attending provider contended that the applicant had profited from earlier trigger point injections. The attending provider reported on the September 21, 2015 office visit at issue that the applicant had returned to and maintained full-time, regular duty work status on that date. The attending provider seemingly suggested that previously performed Botox injections had generated four months of analgesia. Moving forward with the repeat trigger point injections at issue, was, thus, indicated. Therefore, the request was medically necessary.