

<b>Case Number:</b>	CM15-0203423		
<b>Date Assigned:</b>	10/20/2015	<b>Date of Injury:</b>	03/09/2015
<b>Decision Date:</b>	12/30/2015	<b>UR Denial Date:</b>	09/29/2015
<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: Tennessee, Florida, Ohio  
 Certification(s)/Specialty: Surgery, Surgical Critical Care

### 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 27 year old male, who sustained an industrial injury on 3-9-2015. The injured worker is undergoing treatment for: lumbosacral neuritis, cervical spondylosis and radiculitis, seizures and post-traumatic stress disorder. On 9-9-15, he reported having had episodes of lost consciousness, continued neck pain with radiation into the trapezii, upper extremity weakness, and paresthesia's in the right arm. He also reported headaches every other day on the right side without nausea, vomiting, or scotomatous phenomenon; and intermittent low back pain. Objective findings revealed no apraxias or agnosias, normal speech, visual fields intact, normal coordination, normal gait, full motor strength, intact sensory. He is reported to have had normal results of CT scan of the brain and an EEG, and a neurological examination within normal limits. The treatment and diagnostic testing to date has included: CT scan of the abdomen and pelvis (3-9-15), CT scan of the brain (3-9-15), CT scan of the chest (3-9-15), CT scan of the cervical and lumbar spine (3-9-15), MRI of the cervical, thoracic and lumbar spine (3-9-15), physical therapy, and medications. Medications have included: Cymbalta, naproxen, Depakote, cyclobenzaprine, and amitriptyline. Current work status: unclear. The request for authorization is for: Botox 200 units for migraine headaches, Labs: CBC with differential, CRP, metabolic panel, thyroid, ESR. The UR dated 9-29-2015: non-certified the requests for Botox 200 units for migraine headaches, Labs: CBC with differential, CRP, metabolic panel, thyroid, ESR.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Botox 200 units for migraine headaches: Upheld**

**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, Head Chapter, Online Version Botulinum toxin for chronic migraine.

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

**Decision rationale:** There is not sufficient clinical information provided to justify the medical necessity of this request for this patient. According to the MTUS, Botulinum toxin (Botox; Myobloc) is not generally recommended for chronic pain disorders, but recommended for cervical dystonia. See more details below. Not recommended for the following: tension-type headache; migraine headache; fibromyositis; chronic neck pain; myofascial pain syndrome; & trigger point injections. Several recent studies have found no statistical support for the use of Botulinum toxin A (BTXA) for any of the following: The evidence is mixed for migraine headaches. This RCT found that both Botulinum toxin typeA (BoNTA) and divalproex sodium (DVPX) significantly reduced disability associated with migraine, and BoNTA had a favorable tolerability profile compared with DVPX. In this RCT of episodic migraine patients, low-dose injections of BoNTA into the frontal, temporal, and/or glabellar muscle regions were not more effective than placebo. This patient has been prescribed botox for migraine therapy. The CA MTUS does not recommend the medication for this use on a routine basis. The medical records do not adequately support failure of alternative agents for chronic migraine pain control. Therefore, based on the submitted medical documentation, the request for a botox is not medically necessary.

**Lab: CBC with diff: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <https://labtestsonline.org/understanding/features/reliability/Overview>.

**MAXIMUS guideline:** Decision based on MTUS Stress-Related Conditions 2004, Section(s): Diagnostic Testing.

**Decision rationale:** There is not sufficient clinical information provided to justify the medical necessity of CBC testing for this patient. The California MTUS guidelines state that an erythrocyte sedimentation rate (ESR), complete blood count (CBC), and tests for autoimmune diseases (such as rheumatoid factor) can be useful to screen for inflammatory or autoimmune sources of joint pain. All of these tests can be used to confirm clinical impressions, rather than purely as screening tests in a shotgun attempt to clarify reasons for unexplained pain complaints. The medical documentation submitted does not clearly indicate that this patient exhibits signs or symptoms of a rheumatological or idiopathic inflammatory condition. The

patient's symptoms are attributed to exercises performed in a functional rehabilitation program. Pain is reproducible and attributed to a functional cause; this is not a finding attributable to an autoimmune disease. Therefore, based on the submitted medical documentation, the request for CBC testing is not-medically necessary.

**Lab: CRF:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation  
<https://labtestsonline.org/understanding/features/reliability/Overview>.

**MAXIMUS guideline:** Decision based on MTUS Stress-Related Conditions 2004, Section(s): Diagnostic Testing.

**Decision rationale:** There is not sufficient clinical information provided to justify the medical necessity of CRP testing for this patient. A C-reactive Protein test is a non-specific inflammatory marker. The California MTUS guidelines state that an erythrocyte sedimentation rate (ESR), complete blood count (CBC), and tests for autoimmune diseases (such as rheumatoid factor) can be useful to screen for inflammatory or autoimmune sources of joint pain. All of these tests can be used to confirm clinical impressions, rather than purely as screening tests in a shotgun attempt to clarify reasons for unexplained pain complaints. The medical documentation submitted does not clearly indicate that this patient exhibits signs or symptoms of a rheumatological or ideopathic inflammatory condition. The test is non-specific and non-diagnostic. Therefore, based on the submitted medical documentation, the request for CRP testing is not-medically necessary.

**Lab: Metabolic panel:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation  
<https://labtestsonline.org/understanding/features/reliability/Overview>.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) lab testing.

**Decision rationale:** There is not sufficient clinical information provided to justify the medical necessity of CMP testing for this patient. The California MTUS guidelines and the ACOEM Guidelines do not address the topic of CMP testing. Per the Occupational Disability Guidelines (ODG), electrolyte and creatinine testing should be performed in patients with underlying chronic disease and those taking medications that predispose them to electrolyte abnormalities or renal failure. This patient has not been documented to have chronic medical diseases, which would affect their hepatic or renal function. Pain is reproducible and attributed to a functional cause, not a metabolic cause. Therefore, based on the submitted medical documentation, the request for metabolic panel testing is not-medically necessary.

**Lab: Thyroid:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation

<https://labtestsonline.org/understanding/features/reliability/Overview>.

**MAXIMUS guideline:** Decision based on MTUS Stress-Related Conditions 2004, Section(s): General Approach, Diagnostic Testing.

**Decision rationale:** There is not sufficient clinical information provided to justify the medical necessity of a TSH test for this patient. The clinical records submitted do not support the fact that this patient has signs or symptoms of thyroid disease. The California MTUS guidelines address the issue of routine lab testing by stating that physicians should avoid the temptation to perform exhaustive testing to exclude the entire differential diagnosis of the patient's physical symptoms because such searches are generally unrewarding. This patient has been documented to be in good health without complains at the time of physical exam. The medical records indicate that he has no signs or symptoms indicative of thyroid disease. Routine thyroid screening is not indicated without provocation, especially since the type of thyroid test ordered is not specified. Therefore, based on the submitted medical documentation, the request for thyroid testing is not-medically necessary.

**Lab: ESR:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation

<https://labtestsonline.org/understanding/features/reliability/Overview>.

**MAXIMUS guideline:** Decision based on MTUS Stress-Related Conditions 2004, Section(s): Diagnostic Testing.

**Decision rationale:** There is not sufficient clinical information provided to justify the medical necessity of ESR testing for this patient. The California MTUS guidelines state that an erythrocyte sedimentation rate (ESR), complete blood count (CBC), and tests for autoimmune diseases (such as rheumatoid factor) can be useful to screen for inflammatory or autoimmune sources of joint pain. All of these tests can be used to confirm clinical impressions, rather than purely as screening tests in a shotgun attempt to clarify reasons for unexplained shoulder complaints. The medical documentation submitted does not clearly indicate that this patient exhibits signs or symptoms of a rheumatological or ideopathic inflammatory condition. The test is non-specific and non-diagnostic. Therefore, based on the submitted medical documentation, the request for ESR testing is not-medically necessary.