

Case Number:	CM15-0027413		
Date Assigned:	02/19/2015	Date of Injury:	03/27/2003
Decision Date:	04/06/2015	UR Denial Date:	02/06/2015
Priority:	Standard	Application Received:	02/13/2015

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: Florida

Certification(s)/Specialty: Neurology, Pain Management

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 53 year old female with an industrial work injury dated 03/27/2003. The mechanism of injury is described as having a seizure and striking her head on the footboard. She presents on 12/19/2014 with complaints of a headache. The provider notes the injured worker had failed all manner of prophylactic medications. On examination she was fluent, affable and cogent. Cranial nerve function was normal. Prior treatments included medications. Diagnosis was refractory migraine. On 02/06/2015 the request for repeat Botox injection (quantity 1) was denied by utilization review. MTUS and ODG were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repeat Botox injection Qty: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Botulinum toxin (Botox; Myobloc) Page(s): 25-26. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Workers Comp, 13th editon (web), Criteria for botuinum toxin (Botox) for prevention of chronic migraine headaches.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation official disability guidelines - head, botox.

Decision rationale: The medical records provided for review indicate a condition of headache with no noted features of migraine. There is no indication of monthly frequency or associated signs or features with the headaches. There is no indication of a diagnosis of spasticity. Response to previous botox administration in regard to quantitative decrease in headache frequency or severity is not documented. The medical records provided for review do not indicate a condition for which botox is supported under ODG guidelines for therapy.