

Case Number:	CM15-0029144		
Date Assigned:	02/23/2015	Date of Injury:	08/05/2012
Decision Date:	04/02/2015	UR Denial Date:	01/23/2015
Priority:	Standard	Application Received:	02/17/2015

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: New Jersey

Certification(s)/Specialty: Family Practice

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 33 year old male, who sustained an industrial injury on 8/5/12. The injured worker has complaints of numbness, tingling, spasm, cramping in hands and insomnia with increased snoring. He takes Xanax nightly and complains of things go "dark" 3X per week for 3 seconds. The PR2 dated 1/14/15 noted that he blacked out twice this month with loss of vision and tinnitus for approximately 10-30 seconds. The injured worker complains of increased right shoulder pain and that the Botox on 6/20/14 stopped his headaches completely for a month and a half. The diagnoses have included headaches; rule out obstructive sleep apnea and tourette's disease tics. According to the utilization review performed on 1/23/15, the requested 1 Botox has been not certified and the requested 1 repeat PSG with CPAP has been certified. Criteria for Polysomnography; polysomnograms/sleep studies were used in the utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Botox: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Botulinum toxin (Botox; Myobloc).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Botulinum toxin Page(s): 25-26.

Decision rationale: The MTUS Chronic Pain Treatment Guidelines state that botulinum toxin is not generally recommended for chronic pain disorders such as tension headache, migraine headache, fibromyositis, chronic neck pain, myofascial pain syndrome, and trigger points. However, botulinum toxin may be considered in cases of cervical dystonia (spasmodic torticollis), which is a condition not generally related to worker's compensation injuries. Also, botulinum toxin may be considered in cases of chronic low back pain, if a favorable initial response predicts subsequent responsiveness, as an option in conjunction with a functional restoration program. In the case of this worker, he did not have a diagnosis which warranted the Botox injection, and although he responded for 1.5 months, as reported in the documentation, use on tension headaches is not recommended. Therefore, the repeat Botox injection will be considered medically unnecessary.