

Case Number:	CM15-0214649		
Date Assigned:	11/04/2015	Date of Injury:	05/21/2015
Decision Date:	12/16/2015	UR Denial Date:	09/30/2015
Priority:	Standard	Application Received:	11/02/2015

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: 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 injured worker is a 56 year old female, who sustained an industrial injury on 5-21-2015. Diagnoses include post-concussion syndrome. Treatments to date include activity modification and medication therapy. On 9-2-15, she complained of ongoing pain across the forehead and associated with slurred speech, nausea, and dizziness. She reported blurred vision. It was noted she was newly diagnosed with chronic kidney disease stage 3, and therefore chose to stop taking Neurontin, Flexeril, Norco, and Valium. The physical examination documented no acute or abnormal findings. The plan of care included initiation of Lorazepam, Prednisone taper, Scopolamine patch, and omeprazole. The provider documented future consideration "would be biofeedback, acupuncture, or Botox." The appeal requested authorization for Botox Injections as recommended by neurologist for chronic headaches. The Utilization Review dated 9-30-15, denied the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Botox injections: 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): Botulinum toxin (Botox Myobloc).

Decision rationale: The MTUS Guidelines do not recommend the use of Botox for chronic pain disorders, but do recommend for cervical dystonia. Botox is not recommended for the following: tension-type headache; migraine headache; fibromyositis; chronic neck pain; myofascial pain syndrome; & trigger point injections. In this case, Botox is requested for the injured worker's headaches. Additionally, the number of injections requested is not included with this request. Botox is not supported in this case. The request for Botox injections is determined to not be medically necessary.