

Case Number:	CM15-0218114		
Date Assigned:	11/10/2015	Date of Injury:	06/27/2013
Decision Date:	12/21/2015	UR Denial Date:	11/03/2015
Priority:	Standard	Application Received:	11/05/2015

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, Oregon, Washington
 Certification(s)/Specialty: Orthopedic Surgery

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 55 year old male who sustained an industrial injury on 6-27-13. A review of the medical records indicates he is undergoing treatment for cervicgia, migraine without aura - not retractable, without status migrainosus, tension-type headache - not retractable, and myalgia. Medical records (9-8-15, 9-30-15, and 10-27-15) indicate ongoing complaints of right-sided head pain that is triggered by fluorescent lights. The injured worker reports that the headaches start in the back of the head behind both eyes. He reports that he has been receiving physical therapy for his left ankle and has noticed a reduction in his headache symptoms. The physical exam (10-27-15) reveals "intact" cranial nerves "except some hearing loss bilaterally". No memory impairment is noted. Neck range of motion is noted to be full in all directions "with pain". Tenderness to palpation is noted in the right cervical paraspinal muscle groups with trigger points and positive twitch response, as well as palpable bands. Facet loading maneuvers in the bilateral cervical spine cause pain. Tenderness to palpation is noted over the upper and mid cervical facet joints along with cervical paraspinal muscles. Tenderness to palpation is noted over bilateral temporomandibular joints. No diagnostic studies are indicated in the reviewed records. Treatment has included physical therapy, a TENS unit, trigger point injections, medications, and stretching exercises. The treatment recommendations include Botox injections. The treating provider indicates that the injured worker has not responded to at least three first-line migraine headache prophylaxis medications (Topamax, Nortriptyline, and Verapamil). The utilization review (11-3-15) includes a request for authorization of outpatient Botox injection 200 units every three months. The request was denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient Botox Injection 200 units every three (3) months: 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: Per CA MTUS Chronic Pain / Botulinum toxin, the use of botulinum toxin / Botox is not generally recommended for chronic pain disorders, but recommended for cervical dystonia. Cervical dystonia is a condition that is not generally related to workers' compensation injuries (also known as spasmodic torticollis), and is characterized as a movement disorder of the nuchal muscles, characterized by tremor or by tonic posturing of the head in a rotated, twisted, or abnormally flexed or extended position or some combination of these positions. Furthermore its use is not recommended for the following: tension-type headache; migraine headache; fibromyositis; chronic neck pain; myofascial pain syndrome; & trigger point injections. With regard to lower back pain botulinum toxin is recommended if a favorable initial response predicts subsequent responsiveness, as an option in conjunction with a functional restoration program. In this case review of the medical records from 10/27/15 does not show a diagnosis of cervical dystonia. There is no evidence of treatment of lower back pain with a functional restoration program. CA MTUS guidelines state that botulinum toxin is not recommended for the following: tension-type headache; migraine headache; fibromyositis; chronic neck pain; myofascial pain syndrome; & trigger point injections. Therefore, the use of botulinum toxin is not medically necessary and the recommendation is for non-certification.