

Case Number:	CM15-0030636		
Date Assigned:	02/24/2015	Date of Injury:	06/10/2010
Decision Date:	04/07/2015	UR Denial Date:	01/29/2015
Priority:	Standard	Application Received:	02/19/2015

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: Colorado

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 (IW) is a 68 year old female, who sustained an industrial injury on June 10, 2010. She has reported neck pain and chronic daily headaches and migraines. The diagnoses have included cervical spinal stenosis, disc degeneration, spondylosis without myelopathy, headache, migraine, cervical syndrome, cervical spondylosis and moderate bilateral carpal tunnel disease. Treatment to date has included radiographic imaging, diagnostic studies, conservative therapies, Botox injections, trigger point injections, pain medications and work restrictions. Currently, the IW complains of chronic neck pain and headaches and migraines. The injured worker reported an industrial injury in 2010, resulting in chronic neck pain with associated headaches and migraines. She reported multiple failed conservative therapies. She reported pain relief temporarily with previous Botox treatments. Evaluation on January 29, 2015, revealed continued pain. The plan was to use Botox injections for pain relief. On January 29, 2015, Utilization Review non-certified a request for Protocol Botox injection 155 units (2 vials), noting the MTUS, ACOEM Guidelines, (or ODG) was cited. On February 13, 2015, the injured worker submitted an application for IMR for review of requested Protocol Botox injection 155 units (2 vials).

IMR ISSUES, DECISIONS AND RATIONALES

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

Protocol Botox injection 155 units (2 vials): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 25-26. Decision based on Non-MTUS Citation ODG head, criteria of botulinum toxin (Botox).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Treatments Page(s): 26.

Decision rationale: Per the MTUS Guidelines, while Botox injections can be recommended for cervical dystonia and possibly for low back pain, Botox is Not recommended for: "tension-type headache; migraine headache; fibromyositis; chronic neck pain; myofascial pain syndrome; & trigger point injections." Quality consistent evidence does not exist to support the use of Botox in migraines or chronic tension-type headaches. While the ODG does have specific criteria for which Botox would be indicated, the MTUS Guidelines supersede the ODG, so the MTUS recommendations are to be followed. For the patient of concern, she is being prescribed Botox injections for migraine headache / chronic daily headache, for which there are no indications per the MTUS Guidelines. As the MTUS does not recommend Botox for prevention/treatment of headaches, the Botox injections are not medically indicated.