

<b>Case Number:</b>	CM15-0034426		
<b>Date Assigned:</b>	03/02/2015	<b>Date of Injury:</b>	03/17/2012
<b>Decision Date:</b>	04/08/2015	<b>UR Denial Date:</b>	02/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/24/2015

### 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: Physical Medicine & Rehabilitation

### 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 60-year-old female who reported an injury on 03/17/2012 due to cumulative trauma. Her diagnoses include chronic neck pain, cervical myofascial tension, cervical facet impingement, and cervicogenic migraine headaches. Her past treatments included bracing, physical therapy, medications, chiropractic treatment, psychotherapy, and modified work duty. On 02/24/2015, the injured worker presented for a follow-up status post trigger point injection into the trapezius and rhomboid muscles on 02/13/2015. The injured worker stated that there has been a decrease of pain in the neck and left shoulder. The injured worker was noted to be utilizing a TENS unit and exercise ball for range of motion. Activities of daily living were tolerated through her current medication regimen. The treatment plan included a Botox injection. The rationale was not provided. The Request for Authorization Form was not submitted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Botox injection:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Head, Botulinum Toxin for chronic migraine.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Botulinum toxin (Botox; Myobloc) Page(s): 25.

**Decision rationale:** According to the California MTUS Guidelines, Botulinum toxin are not generally recommended for chronic pain disorders without a favorable initial response predicting subsequent responsiveness, as an option in conjunction with a functional restoration program or for cervical dystonia. The injured worker was noted to have had a previous injection on 02/13/2015 with a decrease in left shoulder pain and was tolerating sleep on the left side. However, there was a lack of documentation to indicate the injection would be used in conjunction with a functional restoration program or the injured worker had cervical dystonia. Furthermore, the request as submitted failed to specify the location of the injection. Based on the above, the request is not supported by the evidence based guidelines. As such, the request is not medically necessary.