

<b>Case Number:</b>	CM15-0037139		
<b>Date Assigned:</b>	03/05/2015	<b>Date of Injury:</b>	01/28/2011
<b>Decision Date:</b>	04/21/2015	<b>UR Denial Date:</b>	02/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/26/2015

### 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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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 52-year-old female, who sustained an industrial injury on January 28, 2011. The injured worker had reported a back and left shoulder injury. The diagnoses have included degenerative disc disease of the cervical spine with disc protrusion, cervical myofascial pain, migraine headaches, chronic lumbar pain with intervertebral disc dysfunction and lumbosacral disc protrusion. Treatment to date has included medications, radiological studies, electrodiagnostic studies, left shoulder decompression surgery, left sacroiliac joint injections, arthroscopic left shoulder arthroscopic capsular release, subacromial decompression and redo Mumford procedure and lumbar epidural steroid injections. Current documentation dated February 2, 2015 notes that the injured worker reported neck pain, daily migraine headaches and left shoulder pain. Physical examination of the cervical spine revealed spasms and tenderness to palpation in the left lower cervical spine. Facet loading aggravated the pain. Range of motion was decreased. Examination of the occipital area showed tenderness to palpation in the occipital and sub occipital muscles. Left shoulder examination revealed tenderness and a decreased range of motion. The treating physician recommended Botox injections to reduce the injured worker's daily migraine headaches. On February 17, 2015 Utilization Review non-certified a request for one set of Botox injections (200) units to the scalp and cervical muscles every twelve weeks for one year. The MTUS, Chronic Pain Medical Treatment Guidelines, were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One set of Botox injections (200 units) to the scalp and cervical muscles every 12 weeks for 1 year QTY: 4: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Botulinum toxin Page(s): 25.

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

**Decision rationale:** The MTUS Guidelines do not support the use of Botox (botulinum toxin) in most general pain conditions. This medication is specifically not recommended for use in injecting trigger points or in treating tension or migraine headaches, fibromyositis, on-going neck pain, or myofascial pain syndrome. The Guidelines do support the use of botulinum toxin in treating cervical dystonia, a movement disorder involving the neck muscles, and in on-going lower back pain when used together with a functional restoration program if an initial dose provided significant relief. The submitted and reviewed documentation indicated the worker was experiencing migraine headaches, leg pain, and pain related to myofascial pain syndrome. There was no discussion describing special circumstances that sufficiently supported this request. Further, the request for a year's supply does not account for changes in the worker's condition or care needs. For these reasons, the current request for four sets (a year's supply) of 200 units of Botox (botulinum toxin) injected into the scalp and cervical region every twelve weeks is not medically necessary.