

Case Number:	CM15-0040736		
Date Assigned:	03/10/2015	Date of Injury:	06/02/1999
Decision Date:	04/21/2015	UR Denial Date:	02/10/2015
Priority:	Standard	Application Received:	03/03/2015

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:

This 47-year-old female sustained an industrial injury on 6/2/99 with subsequent ongoing migraines. Previous treatment included intrathecal pump, cervical epidural sympathetic block, Botox injections and medications. Current diagnoses included reflex sympathetic dystrophy, brachial neuritis, migraines and complex regional pain syndrome. In an intrathecal pump report dated 1/7/15, the injured worker reported that the intrathecal pump had become less effective. The injured worker had developed pain at the implant site with tenderness to palpation. The treatment plan included an intrathecal catheter dye study, medication refills (Methadone, Percocet and Zofran) and Botox injection for intractable migraines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Botox Injections 200 Units with Ultrasound: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Migraines subsection under Botox Injection.

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

Decision rationale: Based on the 01/07/15 intrathecal pump report, the patient has developed pain at the implant site in the lumbar spine. The request is for Botox Injections 200 Units with Ultrasound. There is no RFA provided and the patient's date of injury is 06/02/99. Per same report, physical examination revealed tenderness over the lumbar incision. Patient's diagnoses included migraines, reflex sympathetic dystrophy, brachial neuritis, and complex regional pain syndrome. Previous treatment included intrathecal pump, cervical epidural sympathetic block, Botox injections and medications. Per 09/16/14 report, treater states, "patient reports botox helpful for headaches." The patient's work status is unavailable. Regarding Botox, MTUS Guidelines page 25 and 26 state, "not generally recommended for chronic pain disorder but recommended for cervical dystonia." It further states, "Not recommended for tension-type headache, migraine headache, fibromyositis, chronic neck pain, myofascial pain syndrome, and trigger-point injections". Per operative report dated 10/14/14, treater states, "This [Botox] has been a consistent treatment plan managing her headaches and standard of care is to repeat this every three months, we will request repeat in three months." However, MTUS guidelines do not recommend the injections for migraine headaches. Furthermore, the use of U/S for botox injection is not found in any of the guidelines. Therefore, the request IS NOT medically necessary.