

Case Number:	CM15-0041384		
Date Assigned:	03/11/2015	Date of Injury:	02/02/2005
Decision Date:	04/23/2015	UR Denial Date:	02/05/2015
Priority:	Standard	Application Received:	03/04/2015

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: Florida

Certification(s)/Specialty: Neurology, Pain Management

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 59-year-old female, who sustained an industrial injury on 2/2/2005. She reported a golf ball crashed through a window and hit her in the left side of her head. The injured worker was diagnosed as having a slight concussion, major depression, anxiety and panic disorder. Treatment to date has included psychiatric treatment, Botox injections and medication management. Currently, a progress note from the treating provider dated 12/3/2014 indicates the injured worker reported headaches.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Injection at Craniocervical Junction for Greater Occipital Neuralgia: 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 (trauma, headaches, etc. not including stress & mental disorders), Greater occipital nerve block (GONB); Neck and Upper Back (Acute & Chronic), Greater occipital nerve block, diagnostic, therapeutic.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation official disability guidelines - neck, facet injections.

Decision rationale: The medical records provided for review report back pain but do not document physical examination findings consistent with facet mediated pain. Further ODG guidelines do not support more than 1 facet injection in the case of an injured worker having demonstrated physical exam findings of facet mediated pain. The medical records provided for review do not demonstrate findings in support of craniocervical junction (facet) injections congruent with ODG. The request is not medically necessary.

1 Injection of Botox 50 Units Every 3 Months: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Botulinum toxin (Botox; Myobloc). Decision based on Non-MTUS Citation Official Disability Guidelines, Head (trauma, headaches, etc., not including stress & mental disorders), Botulinum toxin for chronic migraine.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation official disability guidelines - head, botox.

Decision rationale: ODG supports the FDA approved onabotulinumtoxinA (Botox; Allergan Inc) for headache prophylaxis in patients with adult chronic migraine who suffer headaches on 15 or more days per month, each lasting more than 4 hours, or for treatment of dystonia. To treat chronic migraine, onabotulinumtoxinA is given approximately every 12 weeks as multiple injections around the head and neck to try to dull future headache symptoms. It has not been shown to work for the treatment of episodic migraine headaches that occur 14 days or fewer per month, or for other forms of headache. The medical records provided for review report headache but does not describe the headaches as lasting more than 4 hours at a time or describe/ demonstrate physical symptoms or signs diagnostic for migraine headaches. There is no diagnosis of dystonia supported by the medical records. As such the medical records provided for review do not support the use of botox for the insured congruent with ODG guidelines. The request is not medically necessary.

1 Injection of Dysport 200 Units Every 3 Months: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation official disability guidelines - head, dysport.

Decision rationale: ODG supports the FDA approved dysport for dystonia. There is no indication of focal muscle spasm related to spinal cord injury consistent with spasticity. There is no diagnosis of dystonia supported by the medical records. As such the medical records provided for review do not support the use of dysport for the insured congruent with ODG guidelines. The request is not medically necessary.