

Case Number:	CM15-0041640		
Date Assigned:	03/11/2015	Date of Injury:	05/01/2008
Decision Date:	04/21/2015	UR Denial Date:	02/26/2015
Priority:	Standard	Application Received:	03/05/2015

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: Arizona, Texas

Certification(s)/Specialty: Internal 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 48-year-old female, who sustained an industrial injury on 5/1/2008. The diagnoses have included chronic migraines. Treatment to date has included Botox and medication. According to the progress report dated 2/5/2015, the injured worker complained of migraine headaches. It was noted that headaches improved with Botox done in November. The injured worker reported having to go to the emergency department for headache in the last week. Seizures were noted to be controlled. Her last headache free day was about six weeks ago. The request for authorization dated 2/19/2015 was for nerve block.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nerve block injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Botulinum toxin (Botox; Myobloc) Page(s): 25 to 26.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-.26 Page(s): 25.

Decision rationale: According to the MTUS botulinum toxin is not generally recommended for chronic pain disorders, but is recommended for cervical dystonia. Several recent studies have found no statistical support for the use of Botulinum toxin A for any of the following: Myofascial analgesic pain relief compared to saline, use as a specific treatment for myofascial cervical pain as compared to saline, injection in myofascial trigger points as compared to dry needling or local anesthetic injections. It is recommended for cervical dystonia and for chronic low back pain if a favorable initial response predicts subsequent responsiveness, as an option in conjunction with a functional restoration program. In this case, the botulinum toxin is being requested to treat chronic pain associated with a headache. The use of botox injections for headaches is not medically necessary.