

Case Number:	CM15-0047150		
Date Assigned:	03/19/2015	Date of Injury:	01/01/2009
Decision Date:	04/24/2015	UR Denial Date:	03/11/2015
Priority:	Standard	Application Received:	03/12/2015

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: Texas, Florida

Certification(s)/Specialty: Anesthesiology, 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 45-year-old female with an industrial injury dated 01/01/2009. Her diagnoses include myofascial pain, migraine, cervicgia and strain of neck muscle. She has been treated with chiropractic care, acupuncture, physical therapy, facet joint blocks and osteopathic treatment with manipulation. In progress note dated 02/18/2015 the treating physician reports increased neck pain. Examination revealed myofascial tension. The injured worker reports greater than 40% relief of myofascial pain with Botox. The physician was requesting Botox injections every 3 months. Cervical facet injections were approved. The medications listed are Hydrocodone, Methadone, Tylenol and Carisoprodol. A Utilization Review determination was rendered recommending non-certification for Botox injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Botox: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 25. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Botox.

Decision rationale: The CA MTUS and the ODG guidelines recommend that interventional pain injections can be utilized for the treatment of musculoskeletal pain when conservative treatments with medications and PT have failed. Botox injections can be utilized for the treatment of cervical dystonia, migraine, and intractable myofascial pain syndrome when injections with local anesthetic and steroids did not provide lasting pain relief. The records indicate that the patient was being treated with 3 monthly Botox injections for the treatment of migraine headache and myofascial pain. The records did not show significant pain relief defined by the guidelines as greater than 60% sustained pain relief. There is no documentation of reduction of medications utilization or functional restoration following the previous Botox injections. The approved cervical facet injections, which can be effective for the pain conditions, have yet to be completed. The criteria for Botox injections were not met.