

Case Number:	CM15-0057048		
Date Assigned:	04/01/2015	Date of Injury:	12/02/2011
Decision Date:	05/01/2015	UR Denial Date:	03/05/2015
Priority:	Standard	Application Received:	03/25/2015

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, Indiana, New York
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 51 year old female who sustained a work related injury December 2, 2011. Past history included left shoulder arthroscopy, 2006. According to a physician's evaluation, dated February 24, 2015, the injured worker complains of daily migraine headaches. On February 17, 2015, she was administered a cervical epidural injection without complication. Her shoulder revealed a lipoma. She continues with cognitive behavioral training as well as pain management. Wrist splints have been authorized and she will obtain them. Diagnoses included cervical ankylosis; bilateral shoulder ankylosis, right shoulder impingement; bilateral carpal tunnel syndrome. Treatment plan included request for prophylactic Botox scalp injections and continued medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prophylactic Botox injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Section, BotoxHead Section, Botox for Chronic Migraine.

Decision rationale: Pursuant to the Official Disability Guidelines, 1 Prophylactic Botox injection is not medically necessary. Botox is not recommended for most chronic pain conditions. Botox is not recommended for tension type headache; fibromyositis; chronic neck pain; myofascial pain syndrome; and trigger point injections. Botox is recommended for cervical dystonia; spinal cord injury; spasticity following TBI; and migraine. Criteria for Botox for prevention of chronic migraine headaches includes an initial 12 week trial if all of the following are met: diagnosis of chronic migraine headache and more than 15 days per month with headaches lasting four hours a day or longer and not responding to at least three prior first-line migraine headache prophylaxis medications. In this case, the injured worker's working diagnoses are cervical ankylosis positive facet provocation, trapezius and levator scapula muscle spasm; paravertebral muscle spasm; occipital muscle spasm; right upper extremity repetitive injury; bilateral shoulder ankylosis; right shoulder impingement with rotator cuff tendinosis; bilateral carpal tunnel syndrome; pain induced depression; migraine headaches aggravated by cervical muscle spasm. Subjectively, the injured worker complains of daily migraine headaches. Objectively, there is positive facet loading in the mid cervical region with trigger points in the levator scapula, trapezius and rhomboids. There is no documentation in the medical record as to the number of headache days per month experienced by the injured worker. Additionally, there is no documentation of prior first line headache prophylaxis medications. Botox is not clinically indicated for most chronic pain conditions. Subjective and objective findings were not compatible with cervical dystonia. There was no clinical indication in the medical record for Botox documented in the medical record. Consequently, absent clinical documentation with the number of headache days per month and hours per day with documentation of failed first-line migraine headache prophylaxis medications, one prophylactic Botox injection is not medically necessary.