

Case Number:	CM14-0128313		
Date Assigned:	08/29/2014	Date of Injury:	07/25/2013
Decision Date:	09/26/2014	UR Denial Date:	07/31/2014
Priority:	Standard	Application Received:	08/12/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 46-year-old male with a date of injury of 07/25/2013. The listed diagnoses per [REDACTED] are: 1. Right middle cerebral artery stroke with residual deficits in the left hand associated with left hemiparesis and left hemineglect. 2. Chronic refractory vascular headache with head pressure and intermittent throbbing pain sensation localized to the right. 3. Impaired focus and attention secondary to stroke history. 4. History of left shoulder pain associated with some radicular symptoms. According to a progress report 06/09/2014, the patient presents with chronic severe head pressure localized to the right parietal area and continued headaches. The treating physician states the patient received Botox injections which "did not seem to improve his pain symptoms; however, the patient was encouraged to return to clinic in 3 months for a second trial injections as symptom relief may not be beneficial until the second or third trial." The treating physician is requesting Botox injections 20 units. Utilization review denied the request on 07/31/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Botox injections: Upheld

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

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

Decision rationale: The patient presents with headaches and head pressure. The treater is requesting repeat Botox injections 20 units. MTUS Guidelines page 25 and 26 has the following regarding Botox, "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." In this case, there is no discussion of cervical dystonia as required by MTUS for the consideration of Botox injections. It appears the patient is suffering from headaches. This request is not medically necessary.

Botox 200 units: Upheld

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

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

Decision rationale: The patient presents with headaches and head pressure. The treater is requesting repeat Botox injections 20 units. MTUS Guidelines page 25 and 26 has the following regarding Botox, "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." In this case, there is no discussion of cervical dystonia as required by MTUS for the consideration of Botox injections. It appears the patient is suffering from headaches. This request is not medically necessary.