

<b>Case Number:</b>	CM14-0144085		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	05/06/2003
<b>Decision Date:</b>	11/14/2014	<b>UR Denial Date:</b>	08/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/05/2014

### 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 Internal Medicine 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 55 year old female who was injured on 05/06/2003. The mechanism of injury is unknown. Prior treatment history has included myofascial release therapy with good response; Onabotulinum injection with good response for migraine treatment. Prior medication history included Prilosec, PennSaid, Hydroxydine and Norco. Progress report dated 08/04/2014 indicates the patient presented with complaints of increased right arm and shoulder pain. On exam, cervical spine range of motion is within normal limits. Trigger points are decreased in number and less pain is noted on palpation. Deep tendon reflexes are 1+ bilaterally. Right shoulder revealed decreased internal rotation and there is positive Neer's and Hawkin's test at the right shoulder. She is diagnosed with right shoulder pain, right elbow pain, right wrist pain, and cervical spine pain. She is recommended for additional physical therapy and onabotulinum injection to treat her migraines. Prior utilization review dated 08/18/2014 states the request for Additional physical therapy/ Myofascial Release 1x6 is modified to certify 2 visits; and Onabotulinum Toxin Injection 200 Units X1 For Chronic Headaches is denied as medical necessity has not been established.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional physical therapy/ myofascial release 1x6:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 114, Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck, Wrist, Shoulder, Physical Therapy

**Decision rationale:** The guidelines recommend short courses of physical therapy with myofascial release for treatment of upper extremity musculoskeletal pain and cervical pain. The patient has already completed a course of physical therapy. Since finishing therapy she has had a recurrence of symptoms. However, it is not clear if the patient has continued with a home exercise program. After undergoing previous therapy it is not clear why the patient has been unable to maintain her benefits with a home exercise program. Based on the guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.

**Onabotulinum Toxin Injection 200 Units X1 for Chronic Headaches:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 175, 181. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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

**Decision rationale:** The guidelines do not recommend Botulinum toxin for treatment of chronic headaches. Botulinum toxin is recommended for treatment of cervical dystonia. Botulinum is being used for the treatment of headaches, which has shown no benefit over placebo in clinical trials. The clinical documents did not adequately discuss the benefits of the treatment for the patient. The notes did not justify the use of Botulinum toxin outside of current guidelines. Based on the guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.