

Case Number:	CM14-0144453		
Date Assigned:	09/12/2014	Date of Injury:	01/22/2009
Decision Date:	10/14/2014	UR Denial Date:	08/07/2014
Priority:	Standard	Application Received:	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 Anesthesiology, and is licensed to practice in Georgia. 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 claimant is a 33 year old male presenting with chronic pain following a work related injury on 1/22/09. The claimant is status post spinal fusion on 02/10/2009 with repeat surgery C1-2 fusion on 08/6/2009. The claimant has tried medications, physical therapy with 3-4 session, occipital nerve block, cervical epidural steroid injection, trigger point injections, medial branch blocks, radiofrequency ablations and psychological support. The claimant's medications included Norco, Ibuprofen, Tizanidine and Propranolol. The physical exam showed tenderness to palpation of the cervical spine and decreased range of motion, tenderness to palpation of the thoracic paraspinous area and migraine headaches. A claim was placed for Botox 100units with ultrasound in office for migraine headaches.

IMR ISSUES, DECISIONS AND RATIONALES

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

Botox Box 100 units with ultrasound in office: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Botulinum Toxin Page(s): 25-26.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Botox, Page(s): 26. Decision based on Non-MTUS Citation ODG

Decision rationale: Botox Box 100 units with ultrasound in office is not medically necessary. Per CA MTUS page 26, Botox is recommended for the treatment of cervical dystonia and/or chronic low back pain in conjunction with a functional restoration program. The medical records lack documentation of a clear indication for Botox injection. Additionally, the request is without pairing of a functional restoration program; therefore, the requested service is not medically necessary.