

Case Number:	CM14-0212335		
Date Assigned:	01/02/2015	Date of Injury:	04/14/2009
Decision Date:	02/28/2015	UR Denial Date:	12/03/2014
Priority:	Standard	Application Received:	12/18/2014

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. 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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 54-year-old male with a date of injury of 04/14/2009. According to progress report dated 06/16/2014, the patient presents with chronic neck pain and headaches. The listed diagnoses are: 1. Cervical radiculopathy. 2. Spinal stenosis. 3. Posttraumatic headache. 4. Status post lumbar spinal fusion. According to progress report dated 11/17/2014, the patient presents with headache, neck and low back pain. The patient is currently utilizing Neurontin, Zanaflex, Cymbalta, and trazodone. Progress report dated 05/14/2014 notes the patient has shoulder pain which is noted as severe. X-ray and MRI showed arthritic change but no tear. The patient notes a decrease in pain in the neck pain following epidural block. The patient continues with daily headaches which are severe. Recommendation was for Botox injection for headaches. Utilization review denied the request on 12/03/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Botox 200 units: 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 Botox Page(s): 25, 26. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, Botulinum toxin (Botox®; Myobloc®)

Decision rationale: This patient presents with neck, low back, right shoulder, and daily headaches. The current request is for Botox 200 units. The MTUS Guidelines page 25 and 26 has the following regarding Botox, "Not generally recommended for chronic pain disorder but recommended for cervical dystonia." Official Disability Guidelines 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. The requested Botox is not medically necessary.