

Case Number:	CM14-0213641		
Date Assigned:	12/31/2014	Date of Injury:	10/28/2007
Decision Date:	03/05/2015	UR Denial Date:	12/03/2014
Priority:	Standard	Application Received:	12/19/2014

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: Pennsylvania, Ohio, 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 date of injury in this case is 10/28/2007. The date of the utilization review under appeal is 12/03/2014. The primary diagnoses include post-concussion syndrome, chronic migraines without aura, and intractable migraine headaches. On 10/14/2014, the patient was seen in primary treating physician followup. The patient reported that her headaches were a bit worse since botox had worn off. She was also using cosmetic tape for mild chronic ptosis, which she had prior to botox therapy. The treating physician noted the patient had a documented 30-40% reduction in headache intensity after her first series of botox injections in April 2014, followed by a gradual wearing off of that effect. The treating physician notes that the dose of botox in the frontalis muscles was reduced because of her history of prior ptosis, although the treating physician notes that in retrospect it was unclear whether the ptosis was related to botox at all. A prior physician review of 12/03/2014 modified the request for botox injections weekly and recommended botox injections x1, noting that documentation of benefit would be needed at the time of further requests.

IMR ISSUES, DECISIONS AND RATIONALES

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

Botox 200mg injections q 12 weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Botox Injections Page(s): 26.

Decision rationale: The California Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines, section on botox injections, page 26, states specifically that botox is not recommended for migraine headache or tension headache or fibromyositis or chronic neck pain or myofascial pain syndrome. Additionally, it is unclear the extent to which the patient has previously tried first-line therapy for migraine headache treatment. Thus, overall the medical records and guideline again do not support the requested botox treatment for the reported diagnosis of migraine headaches. This request is not medically necessary.