MAXIMUS Federal Services

| Case Number: | CM14-0216576 | | |
|---|---|---|---|
| Date Assigned: | 01/06/2015 | Date of Injury: | 07/07/2000 |
| Decision Date: | 02/28/2015 | UR Denial Date: | 12/02/2014 |
| Priority: | Standard | Application Received: | 12/26/2014 |

## 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: New Jersey, New York
Certification(s)/Specialty: Family Practice

## CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 41 year old female who sustained a work related injury on July 7, 2000 while working as a home health nurse. The injured worker was lifting a patient and developed immediate pain in her back and legs. The documentation supports that the injured worker required multiple back surgeries including a spinal fusion in 2001 and the implantation of a neuro-electrical stimulator, date unspecified. The injured worker has received multiple pain medications including opiate pain medications for the pain. Diagnoses include chronic pain syndrome, myofascial pain syndrome, lumbar and thoracic radiculopathy, post laminectomy lumbar and status post lumbar five-sacral one surgery. A progress report dated November 21, 2014 notes the injured worker complained of bilateral lumbosacral and buttock pain which radiated to both lower extremities. The leg pain is completely relieved with the spinal cord stimulator. The back pain was described as pulling and tight post-operative pain and has not changed since the surgery. The pain radiates to the hips and groin bilaterally and low back spasms were reported. The injured worker also complained of migraines in the front and top of her head radiating into the right side of the head and neck. The migraines occur daily and can last days when treated and weeks if untreated. The injured worker is currently using Cambia as treatment for the migraines with mixed results. The bilateral neck and shoulder pain was being addressed with physical therapy. However, due to an increase in pain the injured worker has not attended physical therapy in several weeks. She continues to have chronic muscle spasms in the neck and shoulders. The injured workers sleep pattern is poor due to increased pain. The injured worker requested a new mattress due her present mattress being worn and she can feel her pain increasing when she is in bed for a

prolonged period. The treating physician requested a Tempurpedic mattress and one Botox injection for migraines. Utilization Review evaluated and denied the requests on December 2, 2014.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Tempurpedic mattress:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)- Lumbar and Thoracic

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Low back, mattress selection

**Decision rationale:** According to the Official Disability Guidelines, it is not recommended to use firmness as sole criteria. There are no high quality studies looking at mattresses for the treatment of low back pain. Mattress selection is subjective and depends on personal preference and individual factors. Having pressure ulcers may warrant the purchase of a special mattress, however, the patient does not have this diagnosis. Therefore, the request is considered not medically necessary.

**Botox injection for migraines:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines low back pain.

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

**Decision rationale:** The request is considered not medically necessary. The patient was diagnosed with migraine headaches. As per the MTUS Chronic Pain Guidelines, Botox is not recommended for migraine headaches or myofascial pain. It is recommended for cervical dystonia and chronic low back pain in conjunction with a functional restoration program. The patient was not diagnosed with cervical dystonia. She had chronic lower back pain but was not prescribed Botox to treat this with a functional restoration program. Therefore, the request is considered not medically necessary.