

Case Number:	CM14-0216999		
Date Assigned:	01/06/2015	Date of Injury:	09/18/2011
Decision Date:	02/28/2015	UR Denial Date:	12/02/2014
Priority:	Standard	Application Received:	12/29/2014

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 64 year old female with an injury date on 09/18/2011. Based on the 11/16/2014 progress report provided by the treating physician, the diagnoses are: 1. Chronic migraine. 2. Cervical dytonia. 3. Blepharospasm. 4. Post-concussion syndrome. According to this report, the patient presents for a recheck of Post-concussion syndrome. The patient complains of chronic daily headaches and neck pain. Physical exam of the cervical spine reveals a decreased range of motion tender (Right trapezius ttp more than Left with contraction.) and torticollis (Right shoulder higher than left shoulder with head tilted slightly to the left.). Dystonia is noted at the bilateral upper extremity. The treatment plan is awaiting for authorization for Botox, nerve blocks and pain management as well as PTP referral, continue with Topamax, Cefaly, Amitriptyline, Imitrex, Robaxin, Norco, and return in 1 moth for follow up. The patient's work status was not mentioned in the reports. There were no other significant findings noted on this report. The utilization review denied the request for Botox injection on 12/02/2014 based on the MTUS guidelines. The requesting physician provided treatment reports from 05/12/2014 to 12/11/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Botox A 300 units for the face, neck, trapezius and rhomboids: Upheld

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

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

Decision rationale: According to the 11/16/2014 report, this patient presents with chronic daily headaches and neck pain. The current request is for Botox A 300 units Face, neck and trapezius/rhomboids. For Botox, the MTUS Guidelines page 25 and 26 state, not generally recommended for chronic pain disorder but recommended for cervical dystonia. It further states, not recommended for tension-type headache, migraine headache, fibromyositis, chronic neck pain, myofascial pain syndrome, and trigger-point injections. In reviewing the provided reports show that the patient had prior Botox injections on 08/15/2014 that only gave a few days relief and then the headaches returned to the baseline headache pain. The treating physician indicates the patient has a diagnosis of Cervical dytonia and Chronic migraine. In this case, the treating physician requested Botox injection for the patient's chronic neck pain and migraine headache which is not supported by the MTUS guidelines. There is no documentation provided indicating any functional improvement with prior Botox injection. The patient has been documented to have cervical dystonia and ODG supports Botox injection for this condition but the MTUS guidelines on page 8 states, "Continuation or modification of pain management depends on the physicians evaluation of progress toward treatment objectives. If the patient's progress is unsatisfactory, the physician should assess the appropriateness of continued use of the current treatment plan and consider the use of other therapeutic modalities." There is no documentation of progress toward treatment objectives to support a repeat Botox injection and the current request is not medically necessary.