

<b>Case Number:</b>	CM14-0217652		
<b>Date Assigned:</b>	01/07/2015	<b>Date of Injury:</b>	11/01/2007
<b>Decision Date:</b>	03/09/2015	<b>UR Denial Date:</b>	11/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	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: New York, Tennessee  
Certification(s)/Specialty: Emergency Medicine

### 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 51-year-old female who was injured on November 1, 2007. The patient continued to experience neck pain and headaches. Physical examination was notable for tenderness to the paracervical spinal muscle, positive Tinel's sign right wrist, and positive Phalen's sign right wrist. Diagnoses included chronic neck and bilateral upper extremity pain and cervical radicular pain. Treatment included medications and exercise. Requests for authorization for Botox 100 units at the base of the posterior head and Botox 100 units for the front facial muscles were submitted for consideration.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**100 units of Botox at the front facial muscles:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Integrated Treatment/Disability Duration Guidelines

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 25.

**Decision rationale:** Chronic Pain Medical Treatment Guidelines state that Botox is not generally recommended for chronic pain disorders. It is not recommended for tension type headache, migraine headache, fibromyositis, chronic neck pain, myofascial pain syndrome, or trigger point injections. Systematic reviews have stated that current evidence does not support the use of Botox for mechanical neck disease. In this case the patient was experiencing neck pain and headaches. Botox is not indicated for these conditions. The request should not be authorized.

**100 units of Botox at the base of the head posterior:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Integrated Treatment/Disability Duration Guidelines

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 26.

**Decision rationale:** Chronic Pain Medical Treatment Guidelines state that Botox is not generally recommended for chronic pain disorders. It is not recommended for tension type headache, migraine headache, fibromyositis, chronic neck pain, myofascial pain syndrome, or trigger point injections. Systematic reviews have stated that current evidence does not support the use of Botox for mechanical neck disease. In this case the patient was experiencing neck pain and headaches. Botox is not indicated for these conditions. The request should not be authorized.