

Case Number:	CM14-0218451		
Date Assigned:	01/08/2015	Date of Injury:	08/09/2014
Decision Date:	03/10/2015	UR Denial Date:	12/01/2014
Priority:	Standard	Application Received:	12/30/2014

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, Washington

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 injured worker is a 20 year old female who reported injury on 6/9/2014. The mechanism of injury was due to being hit in the head by a falling mannequin. The current diagnoses are cervical dystonia, post-concussion syndrome, labyrinthopathy, migraine, and headache. According to the progress report dated 11/13/2014, the injured workers chief complaints were chronic migraines. The headaches are daily and last for 4 hours at a time. The physical examination revealed significant cervical paraspinal muscle spasms. On 12/29/2014, the injured worker was seen for chronic migraines. It was noted on the documented progress note that the injured worker was to remain off work. On 12/11/2014, the injured worker was evaluated and complained of persistent migraines. The injured worker stated that each day, they last more than 4 hours. On 11/13/2014, the injured worker complained of chronic migraines. On 10/30/2014, the injured worker underwent an EEG, which came back normal. Medical treatment plan is for the injured worker to continue with medication therapy. A rationale and Request for Authorization form were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Botox therapy, 300 units, including wastage of the Botox: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Botulinum Toxin Section Page(s): 25 - 26.

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

Decision rationale: The request for Botox therapy, 300 units, including wastage of the Botox is not medically necessary. The California MTUS Guidelines state that current evidence does not support the use of Botox trigger point injections for headache pain. It is, however, recommended for cervical dystonia, a condition that is not generally related to Workers' Compensation and is characterized as a movement disorder of the nuchal muscles, characterized by tremor or by tonic posturing of the head and a rotating, twisting, or abnormally flexed or extended position or some combination of these positions. It was noted in the submitted documents that the injured worker had a diagnosis of cervical dystonia. However, there was evidence of signs and symptoms of dystonia. Physical examination only noted cervical spasm. EEG performed on 10/30/2014, was normal. It was indicated that the injured worker suffered from migraine headaches. Moreover, the California MTUS Guidelines do not recommend the use of Botox injections for headache pain. Additionally, there was no rationale or Request for Authorization form submitted for review to warrant the request. As such, the request is not medically necessary.