MAXIMUS Federal Services

Case Number:	CM14-0218971		
Date Assigned:	01/07/2015	Date of Injury:	06/24/2002
Decision Date:	03/10/2015	UR Denial Date:	12/17/2014
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: Texas, Florida
Certification(s)/Specialty: Anesthesiology, 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:

This 66 year old male sustained work related industrial injuries on June 24, 2002. The mechanism of injury was not described. The injured worker subsequently complained of headaches. The injured worker was diagnosed and treated for migraines. There are additional diagnoses or cervical degenerative disc disease and neck pain. Treatment consisted of prescribed medications, Botox injections, chiropractic treatments, massage, myofascial treatment, acupuncture therapy, consultations and periodic follow up visits. Per treating provider report dated October 16, 2014, the injured worker presented for Botox injections. Documentation noted that the injured worker had no sign of cervical dystonia. According to treating provider 's report dated December 18, 2014, the injured worker complained of some neck tenderness and pain lasting for approximately two weeks. Physical exam revealed elevated blood pressure and some muscle spasm in the right sternocleidomastoid, but no significant rotation of the neck. On previous clinic evaluations in July and August 2014, the patient rated the pain score at 4/10 without medications. The patient is not utilizing any pain or headache medication.The provider recommended botox injection, noting it seemed to be helpful with injured worker's condition. The treating physician prescribed services for Botox injections 200 units every two months now under review.On December 17, 2014, the Utilization Review (UR) evaluated the prescription for Botox injections 200 units every two months requested on December 9, 2014. Upon review of the clinical information, UR non-certified the request for Botox injections 200 units every two months, based on the recommendations of the MTUS guidelines. This UR decision was subsequently appealed to the Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Botox injections 200 Units every 2 months: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 25. Decision based on Non-MTUS Citation Pain Chapter Botox injections.

Decision rationale: The CA MTUS and the ODG guidelines recommend that intervention pain injections can be utilized when conservative treatments with medications and therapy have failed. It is recommended that Botox injections can be utilized as an option for the treatment of migraine headaches when treatment with first line preventive and abortive medications have failed. The records indicate that the patient have not failed standard first line treatments for neck pain and headache. It was noted that the patient was not utilizing any pain medication including OTC medications. There was documentation of complaint of post Botox injection weakness. The frequent injection of Botox is associated with adverse effects including muscle weakness, tolerance, hypersensitivity reactions and development of severe life threatening reactions. The criteria for Botox injections 200units every 2 months was not met.