

Case Number:	CM14-0064784		
Date Assigned:	09/03/2014	Date of Injury:	01/27/2010
Decision Date:	03/23/2015	UR Denial Date:	04/28/2014
Priority:	Standard	Application Received:	05/08/2014

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, Arizona
 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 injured worker 70-year-old male who reported an injury on 01/27/2010. The mechanism of injury was due to a slip and fall, hitting the back of his head on a hard surface. The injured worker has diagnoses of post-concussion syndrome and refractory migraine without aura. Past medical treatments consist of medications and Botox injections. On 07/19/2011, the injured worker underwent an MRI of the cervical spine, which revealed left paramedian/left posterior lateral subligamentous and contained C5-6 disc herniation resulting in spinal cord effacement; broad posterior bulging at C6-7 disc; there was broad posterior bulging C4-5 disc; there was also noted spinal canal stenosis at the levels of C4-5, C5-6 and to a lesser degree C6-7. On 10/24/2013, the injured worker complained of headaches. Physical examination noted that the injured worker was oriented to person, place, problem and time. Recent memory was intact. Physical examination of the cervical spine revealed decreased range of motion. Right upper extremity was normal with bulk and tone. Left upper extremity was normal with bulk and tone. Right and left lower extremities were normal in bulk. Medical treatment plan was for the injured worker to undergo Botox injections. 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 Injection 200 Unites x 1 to Head and Neck Botox Injection 200 Units every 3 Months to Head and Neck: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Botulinum Toxin (Botox, Myobloc) 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 injection 200 units x1 to head and neck, Botox injection 200 head and neck every 3 months is not medically necessary. The California MTUS Guidelines state that current evidence does not support the use of Botox trigger point injection for myofascial 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 in a rotated, twisted or abnormally flexed or extended position or some combination of these positions. The submitted documentation did not indicate that the injured worker had a diagnosis congruent with the above guidelines. Additionally, there were no other significant factors provided to justify the use outside of current guidelines. Furthermore, there was no rationale submitted for review to warrant the request. Given the above, the injured worker is not within the MTUS recommended guideline criteria. As such, the request is not medically necessary.