

Case Number:	CM15-0000694		
Date Assigned:	01/12/2015	Date of Injury:	01/12/2006
Decision Date:	03/06/2015	UR Denial Date:	12/23/2014
Priority:	Standard	Application Received:	01/02/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 49 year old male sustained work related industrial injuries on January 12, 2006. The injured worker was currently diagnosed and treated for post traumatic head syndrome, head injury, and headache. Treatment consisted of diagnostic studies, prescribed medications, consultations and periodic follow up visits. Per treating provider report dated October 24, 2014, the injured worker complained of intermittent hand tremor and headaches radiating from the back of his neck. Objective findings revealed normal blood pressure, heart rate and normal cranial nerve exam. The provider noted that the injured worker continues to be in a position where he may benefit from Botox therapy for his chronic headaches. The treating physician prescribed services for Botox injection for migraine now under review. On December 23, 2014, the Utilization Review (UR) evaluated the prescription for Botox injection for migraine requested on December 19, 2014. Upon review of the clinical information, UR non-certified the request for Botox injection for migraine, noting the lack of sufficient clinical documentation to support medical necessity. The ODG was cited. On January 2, 2015, the injured worker submitted an application for IMR for review of Botox injection for migraine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Botox injection for migraine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Head Chapter, Botox Injection

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Head and Botulinum Toxin

Decision rationale: According to the guidelines, Botox is under study for treatment of migraines. Although it may be used for spasticity in traumatic brain injury, in this case, the application of Botox was for migraine there had been a simultaneous request for Zomig nasal spray for migraines. In the past, this had benefited the claimant. The indication to supplement with Botox or defer other options is not specified. Based on lack of definitive evidence for the use of Botox in migraines, the request is not medically necessary.