

Case Number:	CM15-0001424		
Date Assigned:	01/12/2015	Date of Injury:	10/28/2008
Decision Date:	03/10/2015	UR Denial Date:	12/31/2014
Priority:	Standard	Application Received:	01/05/2015

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: 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 53-year-old male who reported an injury on 10/28/2008. The mechanism of injury was not provided. The clinical note dated 12/15/2014, noted that the injured worker had presented with complaints of a headache. On examination, there was moderate generalized tenderness in the lumbar area. Strength in the major muscle groups were 4/5. The injured worker ambulated with an antalgic gait and the use of a right leg brace and cane. Diagnoses were chronic pain, chronic migraine, chondromalacia of the patella, and degenerative lumbar or lumbosacral intervertebral disc. Current medications included Imitrex and Topamax. The patient had a previous Botox injection in July, and noted improvement in pain and function. The injured worker notes a complete return of his daily migraine headache. The provider recommended a Botox injection, and a possible right knee replacement. There was no rationale provided and the Request for Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

One botox injection: Upheld

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

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

Decision rationale: The request for 1 Botox injection is not medically necessary. The California MTUS Guidelines do not recommend Botox injections for chronic pain disorders, but it is, however, recommended for cervical dystonia. Cervical dystonia is a condition not generally related to Workers' Compensation injuries, 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 in some combination of these positions. The injured worker was noted to have had a previous Botox injection for headaches. Therefore, the only recommendation for Botox injections are for cervical dystonia. There is no evidence that the patient has a diagnosis congruent with the guideline recommendations. As such, medical necessity has not been established.