

Case Number:	CM15-0010821		
Date Assigned:	01/28/2015	Date of Injury:	07/01/2014
Decision Date:	03/18/2015	UR Denial Date:	12/23/2014
Priority:	Standard	Application Received:	01/20/2015

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: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 40 year old male, who sustained an industrial injury on 7/1/2014. The diagnoses have included post concussion syndrome, headache and migraine without aura. Medical history included hypertension and diabetes mellitus. Treatment to date has included neurological consult and medications. Computerized tomography (CT) scan of the head form 7/1/2014 showed no acute intracranial finding. According to the visit note dated 11/18/2014, the injured worker complained of headaches. He reported that headaches had improved by 35-40 percent and his sleep had improved. He also complained of diffuse neck pain in the posterior suboccipital region and some minor imbalance issues. The pain in his head was described as severe and throbbing, mostly on the right side of his head. The injured worker also complained of difficulty sleeping, anxiety and depression. Physical exam revealed normal gait and normal speech. There was tenderness and tight muscles in the cervical spine area. The injured worker seemed to be depressed. He was irritable, angry, despaired and in anhedonia. He looked anxious. He was complaining of tingling in his fingers that was attributed to Topamax. Authorization was requested for a neuropsychiatric consult, Botox Injection for headaches and psychotherapy and cognitive behavior therapy. On 12/23/2014, Utilization Review (UR) modified a request for Psychotherapy and Cognitive Behavior Therapy (CBT) 6 visits to allow a consultation with a psychologist. UR non-certified a request for Neuropsychiatric testing, noting that there was no clear clinical rationale for this request. UR non-certified a request for Botox 155 units for chronic migraines, noting that the injured worker was responding to the use of Topamax. The MTUS and ODG were cited. (Neuropsychiatric testing was authorized in another appeal.)

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychotherapy and cognitive behavioral therapy x 6 visits: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment. Decision based on Non-MTUS Citation Official Disability Guidelines, Head chapter, Cognitive Behavioral Therapy (CBT) Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral interventions Page(s): 23. Decision based on Non-MTUS Citation Mental Illness & Stress

Decision rationale: The injured worker sustained a work related injury on 7/1/2014. The medical records provided indicate the diagnosis of post concussion syndrome, headache and migraine without aura. Medical history included hypertension and diabetes mellitus. Treatment to date has included neurological consult and medications. The medical records provided for review do not indicate a medical necessity for Psychotherapy and cognitive behavioral therapy x 6 visits. The appeal letter of 02/03/2015 noted the injured worker is seeing a psychiatrist and he will be starting group psychotherapy; A separate referral for Psychotherapy and cognitive behavioral therapy x 6 visits will amount to duplication of the same treatment. This is based on the fact that the psychiatrist is better able to determine the psychological needs of the injured worker than the treating provider, and also, because both MTUS and the Official Disability Guidelines use psychotherapy and Cognitive Behavioral therapy interchangeably. Furthermore, the injured worker has been approved for Neuropsychiatric evaluation, another mental health professional who will also determine what is best for the injured worker.

Botox 155 units for chronic migraines: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 175, Chronic Pain Treatment Guidelines Botulinum Toxin (Botox; Myobloc). Decision based on Non-MTUS Citation Official Disability Guidelines, Head Chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Botulinum toxin (Botox; Myobloc) Page(s): 25. Decision based on Non-MTUS Citation Head (trauma, headaches, etc., not including stress & mental disorders)

Decision rationale: The injured worker sustained a work related injury on 7/1/2014. The medical records provided indicate the diagnosis of post concussion syndrome, headache and migraine without aura. Medical history included hypertension and diabetes mellitus. Treatment to date has included neurological consult and medications. The medical records provided for review do not indicate a medical necessity for Botox 155 units for chronic migraines. The MTUS recommends against the use of Botox due to conflicting results. The Official Disability Guidelines has a set of requirement that must be met before Botox can be used for treatment of Migraine headaches. This includes diagnosed with chronic migraine headache; & more than 15

days per month with headaches lasting 4 hours a day or longer; & not responded to at least three prior first-line migraine headache prophylaxis medications, Amitriptyline, beta blockers (metoprolol, propranolol, and timolol), topiramate as well as valproic acid and its derivatives, are first-line agents for the treatment of chronic migraines. Although the injured worker is reported to be experiencing adverse effects from Topiramate, there is no documentation of failed treatment with the other medications; neither is there a documentation of migraine attack 15 days of month each lasting 4 hours a day or longer.