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| Case Number: | CM15-0016096 | | |
| Date Assigned: | 02/04/2015 | Date of Injury: | 09/06/1994 |
| Decision Date: | 03/27/2015 | UR Denial Date: | 01/16/2015 |
| Priority: | Standard | Application Received: | 01/28/2015 |

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

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 is a 60 year old male who sustained an industrial injury on 09/06/1994. The current diagnosis includes migraine, intractable. Treatments to date include medication management and previous Botox injections. Report dated 01/15/2015 noted that the injured worker presented with complaints that included chronic migraine headaches. Physical examination did not reveal any abnormalities. The utilization review performed on 01/16/2015 non-certified a prescription for 1 Botox injection every three months for unknown number of months based on previous Botox injections have not provided sustained meaningful benefits and 1 follow-up visit based on the injured worker only sees this physician for Botox injections and the continuation of Botox injections is no longer supported. The reviewer referenced the California MTUS and Official Disability Guidelines in making this decision.

IMR ISSUES, DECISIONS AND RATIONALES

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

One botox injection every three months for an unknown number of months: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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

Decision rationale: Per the 01/15/15 report the patient presents with chronic migraine headaches. The current request is for ONE BOTOX INJECTION EVERY THREE MONTHS FOR AN UNKNOWN NUMBER OF MONTHS. The RFA is dated 01/08/15. Recent reports do not state if the patient is working. MTUS Guidelines page 25 and 26, Botulinum toxin, state, "not generally recommended for chronic pain disorder but recommended for cervical dystonia." It further states, "not recommended for tension-type headache, migraine headache, fibromyositis, chronic neck pain, myofascial pain syndrome, and trigger-point injections." The treater states the injections are for chronic migraine headaches occurring more than 15 times a month and lasting at least 6-8 hours in duration. The report further states previous injections provided excellent relief for headache pain with a duration of relief of approximately 3 months. The 09/08/14 physical therapy treatment notes state, "Had another botox injection 1 month ago so notes less tightness and pain this past month." In this case guidelines do not recommend this treatment for chronic neck pain or migraine headaches that are documented for this patient. Furthermore, this request is for an indeterminate amount of treatment. The request IS NOT medically necessary.

One follow-up visit: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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

Decision rationale: Per the 01/15/15 report the patient presents with chronic migraine headaches. The current request is for ONE FOLLOW UP VISIT. The RFA is dated 01/08/15. Recent reports do not state if the patient is working. MTUS Guidelines page 25 and 26, Botulinum toxin, state, "not generally recommended for chronic pain disorder but recommended for cervical dystonia." It further states, "not recommended for tension-type headache, migraine headache, fibromyositis, chronic neck pain, myofascial pain syndrome, and trigger-point injections." In this case, this request is related to Botox injections for Chronic migraine headaches which are not medically necessary as discussed above. Therefore, the requested follow up visit IS NOT medically necessary.