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| <b>Case Number:</b>   | CM15-0111731 |                              |            |
| <b>Date Assigned:</b> | 06/18/2015   | <b>Date of Injury:</b>       | 06/06/2002 |
| <b>Decision Date:</b> | 07/16/2015   | <b>UR Denial Date:</b>       | 06/01/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 06/09/2015 |

### 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: Emergency 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 45 year old male, who sustained an industrial injury on 6/6/02. The injured worker has complaints of lumbar spine pain that radiates to the legs. The documentation noted that the injured workers migraines are back that he had no migraines for two and a half month after Botox procedure. The documentation noted that the injured workers range of motion of cervical spine range of motion but stiff and guarded and paravertebral muscles has tenderness. The diagnoses have included lumbar post laminectomy; encounter for long-term use of other medications; lumbar radiculitis and chronic migraine without aura. Treatment to date has included buprenorphine; Botox procedure; Fioricet; Hydrocodone/acetaminophen; lumbar fusion; lumbar surgery with an additional fusion and lumbar surgery with hardware removal. The request was for Botox injections, 200 units with EMG (electromyography) guidance, quantity 3.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Botox injections, 200 units with EMG (electromyography) guidance, Qty 3: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Botulinum toxin Page(s): 25. Decision based on Non-MTUS Citation FDA (Food & Drug Administration) - Botox; Official Disability Guidelines: Head - Botulinum toxin (Botox).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Botulinum toxin (Botox; Myobloc) Page(s): 25-26. Decision based on Non-MTUS Citation ODG: Head: Botulinum toxin for chronic migraine.

**Decision rationale:** MTUS Chronic pain and ACOEM guidelines do not adequately deal with this topic. MTUS guidelines generally do not recommend Botox injection for headaches but recent FDA changes/guidelines allow for Botox injections under certain criteria. As per Official Disability Guidelines, patient meets criteria for recommendation for continued Botox injection due to prior injections providing months of pain relief. However, guidelines require consistent assessment of effectiveness and blind repeat injections is not recommended. While a single dose of Botox injection with reassessment is recommended, the request for series of 3 injections is not medically necessary without information showing efficacy.