

<b>Case Number:</b>	CM15-0129780		
<b>Date Assigned:</b>	07/16/2015	<b>Date of Injury:</b>	08/10/2011
<b>Decision Date:</b>	08/18/2015	<b>UR Denial Date:</b>	06/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/06/2015

### 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: 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:

The injured worker is a 60 year old male, who sustained an industrial injury on 8/10/2011. He reported cumulative trauma to the neck with pain in the left arm and headaches. Diagnoses include status post cervical fusion. Treatments to date include anti-inflammatory, narcotic, chiropractic therapy, and physical therapy, acupuncture treatments, and epidural steroid injections. Currently, he complained of ongoing neck pain and increase in headaches reported daily now. He reported a flair in the headaches since raising a heavy box up over his head. On 6/1/15, the physical examination documented an increase in cervical tenderness and tenderness to the bilateral occipital protuberance. The plan of care included six additional acupuncture sessions for the neck and a Botox injection, 100 units, to the frontal aspect of the head and exposed scalp. The medical records note a diagnosis of chronic migraine that has not responded to first line therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Botox 100 units to frontal aspect of the head and exposed scalp:** Overturned

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head Chapter/Botulinum toxin for chronic migraine.

**Decision rationale:** According to ODG Botulinum toxin for chronic migraine is recommended as indicated patients with chronic migraine. Criteria for botulinum toxin (Botox) for prevention of chronic migraine headache includes a diagnosis of chronic migraine headache and unresponsiveness to prior first-line migraine headache prophylaxis medications, A review of the submitted medical records notes that the injured worker meets the criteria for undergoing Botox injections for chronic migraine. The request for Botox 100 units to frontal aspect of the head and exposed scalp is medically necessary and appropriate.