

<b>Case Number:</b>	CM15-0139520		
<b>Date Assigned:</b>	07/30/2015	<b>Date of Injury:</b>	06/13/2000
<b>Decision Date:</b>	11/12/2015	<b>UR Denial Date:</b>	07/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/17/2015

### 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: Arizona, 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 58 year old female, who sustained an industrial injury on 06-13-2000. Medical records indicated that the injured worker is undergoing treatment for chronic migraines and depression and anxiety. Treatment and diagnostics to date has included psychotherapy and medications. After review the received medical records, an injection note dated 06-17-2015 noted Botox injection session 3 of 12 for chronic migraines. Current work status, objective findings, and subjective data not noted in medical records. The Utilization Review with a decision date of 07-02-2015 denied the request for Botox injections.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Botox injections:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Botulinum toxin (Botox Myobloc).

**Decision rationale:** According to the guidelines there is mixed evidence for the use of Botox for migraines. It is not recommended for migraines or headaches but may be used for cervical dystonia. The medical records provide insufficient justification for support of its use or clinical response. The claimant does not have cervical dystonia and the use of Botox is not medically necessary.