

Case Number:	CM15-0025095		
Date Assigned:	02/17/2015	Date of Injury:	02/02/1990
Decision Date:	04/01/2015	UR Denial Date:	01/16/2015
Priority:	Standard	Application Received:	02/10/2015

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: New York, West Virginia, Pennsylvania
 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 56 year old female who sustained an industrial injury on 02/02/1999. Current diagnoses include cervicgia, brachial neuritis, chronic pain syndrome, and opioid type dependence. Previous treatments included medication management, stretching and exercise, and hot showers. Report dated 01/07/2015 noted that the injured worker presented with complaints that included neck and head pain. Pain was described as sharp, dull, throbbing, burning, aching, electricity, and pins and needles. Pain level was rated as 7 out of 10 on the visual analog scale (VAS). Physical examination was positive for abnormal findings. Utilization review performed on 01/16/2015 non-certified a prescription for retrospective botox injections 155 units (face and neck), 1 x 2, based on the clinical information submitted does not support medical necessity. 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:

Retrospective botox injections 155 units (1x2) for the face and neck (DOS: 12/08/14, 09/15/14): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Botulinum toxin Page(s): s 25-26. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), TWC, Head Procedure Summary, Botulinum Toxin.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: Guidelines note that botulinum toxin is not recommended for chronic pain, but is recommended for cervical dystonia and possibly for chronic migraines. In this case, the patient reports neck and head pain prior. Initial treatment for his migraine headaches is not documented. It is noted that the claimant underwent prior Botox injections, but the documentation does not support that the claimant had objective and functional improvement. The request for Botox injections 155 1x2 is not medically appropriate and necessary.