

<b>Case Number:</b>	CM15-0039132		
<b>Date Assigned:</b>	03/09/2015	<b>Date of Injury:</b>	05/25/2010
<b>Decision Date:</b>	06/09/2015	<b>UR Denial Date:</b>	02/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/02/2015

### 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: Florida

Certification(s)/Specialty: Neurology, Pain Management

### 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 57-year-old female who sustained a work related injury on May 25, 2010, when a steel beam in a closet fell on her head. She was diagnosed with a traumatic brain injury with residual neuro cognitive sequelae, cervicgia, vestibular dysfunction, posttraumatic vision syndrome, right shoulder pain and low back pain. She complained of daily headaches and dizziness. Magnetic Resonance Imaging (MRI) revealed a lesion in the frontal lobe. Treatment included neuropsychology anti-inflammatory drugs-depressants and therapy. Currently, the injured worker complained of headaches, memory loss dizziness, insomnia, fatigue and problems concentrating. On February 16, 2015, a request for one prescription of Botox 2 vials 200 total units (100 units per vial) and Neuro Quantitative Atrophy Overlay over the abnormal Magnetic Resonance Imaging (MRI) for comparison to normal values, was non-certified by Utilization Review, noting the California Medical Treatment Utilization Schedule Guidelines, Chronic Pain Medical Treatment Guidelines and Official Disability Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Botox 2 vials 200 total units (100 units per vial): Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation official disability guidelines - head, botox.

**Decision rationale:** Xeomin is not FDA approved for treatment of headaches. Botox is supported for treatment of chronic migraine headaches but not chronic tension headaches. ODG guidelines support Botox for chronic migraine treatment. The medical records report headache but does not document specific symptoms and or signs of the headache or document the specific frequency of the headaches in support of a diagnosis of chronic migraine type headaches. In the absence of demonstrated chronic migraine headaches meeting criteria established by the American Headache society, the treatment of the insured with botulinum is not medically necessary.

**Neuro Quantitative Atrophy overlay the abnormal MRI for comparison to normal values:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ODG, Head Chapter.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation official disability guidelines - head, MRI.

**Decision rationale:** ODG supports that Neuro imaging is not recommended in patients without demonstrated neurologic deficits or demonstrated concern for red flag conditions such as infection or malignancy. There is no reported neurologic abnormality in regard to cognition, cranial nerves, strength, sensation, or reflexes. In the absence of demonstrated deficits, functional neuro imaging is not medically necessary such as neuro quantitative atrophy overlay.