

Case Number:	CM15-0062134		
Date Assigned:	04/08/2015	Date of Injury:	02/10/1998
Decision Date:	05/14/2015	UR Denial Date:	03/04/2015
Priority:	Standard	Application Received:	04/01/2015

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 47 year old male, who sustained an industrial injury on February 10, 1998. The injured worker was diagnosed as having chronic neck and ankle pain, chronic back pain radiating to legs, chronic migraines related to neck pain and upper extremity radiculopathic symptoms radiating from neck. Treatment and diagnostic studies to date have included medications. A progress note dated February 25, 2015 provides the injured worker complains of migraine headaches, neck, and back pain radiating to arms and legs and ankle pain. He reports medication has reduced pain and driving, self-care, shopping and cleaning have increased as well as quality of sleep. It is noted Botox injections helped previously. Physical exam notes neck and back tenderness and decreased range of motion (ROM) with pain. There is left Achilles tenderness with weakness. The plan includes injections for migraine treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Unknown sets of prophylactic botox injections: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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: The medical records provided for review do not document physical presence of dystonia present on examination and does not quantify specific degree of any objective improvement in regard to movement or range of motion from previous botox treatment in regard to any dystonia condition. The headaches are reported to be chronic daily migraine but there is no indication of symptoms or signs supportive of chronic migraine headaches for which botox may be considered. In absence of diagnosis of chronic migraine headaches and demonstration of dystonia, the medical records do not support treatment of botox.