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| Case Number: | CM15-0063021 | | |
| Date Assigned: | 04/08/2015 | Date of Injury: | 08/06/1987 |
| Decision Date: | 05/28/2015 | UR Denial Date: | 03/09/2015 |
| Priority: | Standard | Application Received: | 04/02/2015 |

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: California

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 51 year old female, who sustained an industrial injury on August 6, 1987. The injured worker was diagnosed as having chronic migraine without aura. Treatment to date has included Toradol injections, cervical fusion, CT Myelogram, Botox treatments, and medication. Currently, the injured worker complains of migraine headaches. The Treating Physician's report dated February 13, 2015, noted the injured worker goes to the Emergency Room for severe headaches, getting Toradol on an average of two times a week. The injured worker reported having good benefit from Botox treatments in the past. The Physician's assessment noted the injured worker with headaches daily with migraine features, having done well with Botox in the past, trying and failing multiple preventative medications in the past. The treatment plan was noted to include prior authorizations for nerve blocks for acute relief and Botox for the treatment of chronic migraines, with new prescriptions for Cambia and Zanaflex.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nerve block and Trigger point injections: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Botulinum toxin (Botox, Myobloc).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 Page(s): 25-26 of 127.

Decision rationale: The ACOEM guidelines state that Botox is not recommended for tension-type headaches; migraine headache; fibromyositis; chronic neck pain; myofascial pain syndrome; & trigger point injections. It also states that Botulinum neurotoxin is probably ineffective in episodic migraine and chronic tension-type headache (Level B). (Naumann, 2008) Recent systematic reviews have stated that current evidence does not support the use of Botox trigger point injections for myofascial pain. (Ho, 2006) The patient has previously undergone treatment without long-lasting pain control and functional improvement. Further Botox and trigger point injections would not be indicated. The request is not medically necessary.