MAXIMUS Federal Services

Case Number:	CM15-0064945		
Date Assigned:	04/09/2015	Date of Injury:	06/24/2002
Decision Date:	05/19/2015	UR Denial Date:	03/17/2015
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: Texas, Florida
Certification(s)/Specialty: Anesthesiology, 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 66-year-old female, who sustained an industrial injury on 6/24/2002. Diagnoses include neck pain, cervical radiculopathy, headache and cervical degenerative disease. Treatment to date has included medications, chiropractic, massage and myofascial treatment and Botox. There was significant relief of the headache following Botox injections. Per the Primary Treating Physician's Progress Report dated 2/13/2015, the injured worker reported neck pain without radiation. She does experience some tingling in her fingers. Her pain is rated as 7/10. Physical examination revealed mild tightness over the sternocleidomastoid muscle and right cervical paraspinal muscles. She has limited range of motion of the cervical spine with flexion 0-45 degrees, rotation to the left 0-45 degrees and rotation to the right 0-50 degrees. The plan of care included and authorization was requested for acupuncture (1x6) and Botox injection for headaches. The acupuncture treatments were certified. The IW is not utilizing any prophylactic or abortive oral headache or pain medications. On 12/18/2014, the IW was noted to be non-compliant with hypertension management. The blood pressure was noted to be 197/119.

IMR ISSUES, DECISIONS AND RATIONALES

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

Botox for headaches #1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 175, 181. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 23, 25. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter - Headache.

Decision rationale: The CA MTUS and the ODG guidelines recommend that interventional pain procedures can be utilized for the treatment of exacerbation of pain that did not respond to conservative treatments with medications and PT. The records did not show that the patient failed conservative treatment with standard prophylactic and abortive headache medications. The recently certified acupuncture treatments have not been completed. The patient was noted to have significant elevated blood pressure that may be contributory to the headache. There was significant pain relief and functional restoration following the massage therapy and chiropractic treatments. The criteria for Botox injections #1 for headache were not medically necessary.