

Case Number:	CM15-0067667		
Date Assigned:	04/15/2015	Date of Injury:	08/29/2001
Decision Date:	05/15/2015	UR Denial Date:	03/26/2015
Priority:	Standard	Application Received:	04/09/2015

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 46 year old female with an industrial injury dated 08/29/2001. Her diagnoses/impression includes chronic regional pain syndrome, left shoulder impingement syndrome and low back pain. Prior treatment includes Botox injections, diagnostics, stellate ganglion blocks, spinal cord stimulator and medications. She presents on 02/09/2015 and 03/09/2015 with complaints of left upper extremity, neck, left lower extremity and low back pain. She also was being treated for migraines. The treating physician notes the injured worker has chronic migraines which have been diagnosed and confirmed by neurology consultant. The migraines interfere "dramatically" with her work. Physical exam notes the injured worker is alert and has depressed affect. The treating physician documents PHQ - 9 score was 21/10 indicating severe depressive symptoms. The treatment plan consists of medications; visit with psychologist, urine drug screen and Botox for migraines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Botox Injections time 200 Units: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Botulinum toxin Page(s): 26-27.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Botulinum toxin (Botox; Myobloc) Page(s): 25-26. Decision based on Non-MTUS Citation ODG: Head: Botulinum toxin for chronic migraine.

Decision rationale: As per MTUS Chronic pain guidelines, information to support botox injections for migraine headaches is mixed. Reviewing data from Official Disability Guidelines, Botox injections for chronic headaches may be considered under certain criteria. Patient has had prior injection with claimed improvement in pain and function however, the amount of pain reduction, duration of response and other information was not documented. Without documentation of prior response, additional botox injection for migraine headache is not medically necessary.