MAXIMUS Federal Services

Case Number:	CM15-0070289		
Date Assigned:	04/15/2015	Date of Injury:	04/26/2013
Decision Date:	05/21/2015	UR Denial Date:	03/13/2015
Priority:	Standard	Application Received:	04/08/2015

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: Internal 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:

This 48 year old male sustained an industrial injury to the neck and back on 4/26/13. Previous treatment included magnetic resonance imaging, electromyography, cervical fusion, physical therapy, chiropractic therapy, epidural steroid injections, cervical brace, electrical stimulation and medications. In a request for authorization dated 2/26/15, the injured worker complained of daily headaches associated with nausea and vomiting, difficulty sleeping and numbness to bilateral upper extremities. The injured worker reported that the headaches were not relieved by medications. Current diagnoses included history of cervical spine fusion with ongoing complaints, symptoms suggestive of bilateral carpal tunnel syndrome, cervicogenic headaches with migraine, insomnia and weight gain. The treatment plan included Botox therapy for treatment of chronic, daily migraine headaches. The physician noted that the injured worker had one kidney and that taking multiple medications could affect liver function. The physician also noted that the injured worker had migraine headaches for greater than four hours a day for greater than 15 days of the month that were unresponsive to prior treatments.

IMR ISSUES, DECISIONS AND RATIONALES

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

Botox 200 units injections- cervical spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Botulinum toxin (Botox) Pages 25-26. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute & Chronic) Botulinum toxin (injection).

Decision rationale: Medical Treatment Utilization Schedule (MTUS) addresses Botox Botulinum toxin. MTUS Chronic Pain Medical Treatment Guidelines indicates that Botox Botulinum toxin is not generally recommended for chronic pain disorders. Botox is not recommended for migraine headache, tension-type headache, fibromyositis, chronic neck pain, myofascial pain syndrome, or trigger point injections. Botox is not recommended for migraine headache, tension-type headache, or chronic neck pain. Official Disability Guidelines (ODG) indicates that Botulinum toxin injection is not recommended for mechanical neck disorders, headache, fibromyositis, chronic neck pain, myofascial pain syndrome, or trigger point injections. Several recent studies have found no statistical support for the use of Botulinum toxin A (BTX-A) for the treatment of cervical or upper back pain, including myofascial analgesic pain, myofascial cervical pain, and myofascial trigger points. Recent systematic reviews have stated that current evidence does not support the use of BTX-A trigger point injections for myofascial pain or mechanical neck disease. There are potentially significant side effects including death. A boxed warning now highlights the possibility of experiencing potentially life-threatening distant spread of toxin effect from the injection site after local injection. The orthopedic agreed medical evaluation report dated 1/22/15 documented that cervical spine surgery was performed on 7/22/14. The neurology consultative report dated 2/26/15 documented a history of cervical spine surgery and cervicogenic headaches with migraine. No physical examination of the cervical spine was documented. No cervical dystonia was noted. No tremor of the head and neck was noted. No tonic posturing of the head was noted. Botox therapy 100 units times two was mentioned in the 2/26/15 neurology report. Botoxin injections 200 units cervical spine was requested 3/9/15. Per MTUS, Botox is not recommended for migraine headache, tension-type headache, or chronic neck pain. Therefore, the request for Botox is not supported by MTUS guidelines. Therefore, the request for Botoxin injections is not medically necessary.