

Case Number:	CM15-0077181		
Date Assigned:	04/28/2015	Date of Injury:	07/14/2013
Decision Date:	06/02/2015	UR Denial Date:	04/08/2015
Priority:	Standard	Application Received:	04/22/2015

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: Physical Medicine & Rehabilitation, 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 39 year old female who sustained an industrial injury on 4/8/15 resulting in neck and low back pain. She was treated with chiropractic treatments, physical therapy and acupuncture. She saw an orthopedist who ordered an MRI of the lumbar spine (11/8/13) that showed disc disease at L5-S; MRI of the cervical spine (1/1/14) showing disc disease and she underwent cervical spine surgery on 8/24/14 with good results. She currently complains of tenderness at the back of the skull and top of the left shoulder with slight dull ache; left sided neck and upper back pain. She currently takes Norco. Diagnoses include cervical strain with cervical disc disease and cervical spinal stenosis, status post anterior cervical discectomy and fusion C5-7 (8/19/14); lumbar sprain with lumbar disc disease and lumbar spinal stenosis; muscle contraction and vascular headaches. Treatments to date include physical therapy, chiropractic sessions, and acupuncture with improvement in her neck pain. In the progress note dated 3/20/15 the treating provider's plan of care suggests either Botox therapy or trigger point injections to relieve the muscle tension which is the source of her headaches as a result of her cervical spinal injury and surgery. In the note dated 4/6/15 the treating provider's plan of care requests pain consult to determine if Botox is indicated per neurologist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Botox injection to the neck/head: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Botulinum toxin (Botox) Page(s): 25-26.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Botox Page(s): 25 ,26. Decision based on Non-MTUS Citation Uptodate Online, Botox ODG, Head Chapter, Botox.

Decision rationale: Regarding the request for botulinum toxin, Chronic Pain Medical Treatment Guidelines state that botulinum toxin has mixed evidence for migraine headache. However, since these guidelines were released, Botox is now FDA approved for chronic migraines since additional supportive studies have been carried out. The ODG recommends botulinum for prevention of headache in patients with chronic migraine. ODG states that to treat chronic migraine, botulinum toxin A is given approximately every 12 weeks as multiple injections around the head and neck to try to dull future headache symptoms. It has not been shown to work for the treatment of episodic migraine headaches that occur 14 days or fewer per month, or for other forms of headache. ODG recommends continuation of Botox for migraine headache prophylaxis if the frequency of headaches was reduced by at least 7 days per month (when compared to pre-treatment average); or duration was reduced by at least 100 hours per month (compared to pre-treatment). Within the documentation available for review, there is no specific diagnosis of chronic migraine headache. There is no clear documentation that the patient experiences 15 or greater headache days per month, or clear description of the current frequency and duration of the headaches. In this case, the requesting provider feels that muscle tension is the cause of headaches, but this is not an approved indication for botox. As such, the current request is not medically necessary.