

<b>Case Number:</b>	CM15-0079455		
<b>Date Assigned:</b>	04/30/2015	<b>Date of Injury:</b>	04/08/2002
<b>Decision Date:</b>	05/29/2015	<b>UR Denial Date:</b>	03/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/24/2015

### 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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 61-year-old female who sustained an industrial injury on April 8, 2002. The injured worker reported an injury to her head. Previous treatment includes medication and exercise. Currently the injured worker complains of headaches described as having variable severity and she reports constant pain to the right eye. Diagnoses associated with the request include chronic migraine without aura, myalgia and myositis and chronic pain. The treatment plan includes increasing her exercise, medications, counseling/cognitive behavioral therapy and Botox.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Botox injection:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Botulinum toxin (Botox; Myobloc) Page(s): 25-26.

**Decision rationale:** Botox injection is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states that Botulinum toxin (Botox; Myobloc) is not recommended for the following: tension-type headache; migraine headache; fibromyositis; chronic neck pain; myofascial pain syndrome; & trigger point injections. The documentation indicates that the patient has chronic migraines and chronic pain. There are no extenuating circumstances, which would necessitate going against guideline recommendations for this patient and giving a Botox injection. Furthermore, the request does not specify a dose or area for the proposed injection therefore the request for Botox injection is not medically necessary.