

Case Number:	CM15-0094815		
Date Assigned:	05/20/2015	Date of Injury:	05/16/2014
Decision Date:	06/23/2015	UR Denial Date:	04/24/2015
Priority:	Standard	Application Received:	05/15/2015

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: Massachusetts

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 54 year old male, who sustained an industrial/work injury on 5/16/14. He reported initial complaints of closed head injury with cognitive deficits. The injured worker was diagnosed as having post concussive syndrome, posttraumatic headache, memory deficit, depression, cervical spondylosis without myelopathy, degeneration of lumbar or lumbosacral intervertebral disc, thoracic or lumbosacral neuritis or radiculitis, and chronic migraine. Treatment to date has included medication and cervical facet injection at C4-5, C5-6, and C6-7 bilaterally, neurology consultation, diagnostic testing. MRI results were reported on 5/16/14 of the cervical and lumbar spine. CT scan results were reported on 5/16/14 of the head. Currently, the injured worker complains of no overall changes in chronic headaches and back pain with intensity between 5-9/10 daily. Prior physical therapy treatment and transcutaneous electrical nerve stimulation (TENS) unit moderately decreased pain symptoms temporarily. Per the primary physician's progress report (PR-2) on 4/2/15, examination revealed impaired balance, severe range of motion limitations to neck and low back, severe headache pain, constant dizziness with frequent changes in visual perception, and memory loss. The requested treatments include Botox injections x 3.

IMR ISSUES, DECISIONS AND RATIONALES

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

3 Botox injections: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Botulinum toxin (Botox; Myobloc). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Head chapter (Online version) Botulinum toxin for chronic migraine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Botulinum toxin Page(s): s 61-62.

Decision rationale: The claimant sustained a work injury on 05/16/14 as a result of a motor vehicle accident while a truck driver. He has chronic neck and low back pain. Treatments have included physical therapy, acupuncture, medications, and injections. When seen, pain was rated at 10/10. He was having headaches. He was noted to transition positions slowly. There was an antalgic gait. There was decreased cervical and lumbar spine range of motion. Diagnoses included myofascial pain and tension headaches. In follow-up, he had been seen by a neurologist and Botox had been recommended for his neck pain and headaches. Botox is not recommended for the treatment of chronic neck pain or myofascial pain. Indications for the use of Botox include the treatment of cervical dystonia to decrease the severity of abnormal head position. Cervical dystonia is a focal dystonia and is characterized by involuntarily neck muscle contraction which causes abnormal head positioning. The presence of cervical dystonia is not documented in this case. Use of Botox in this clinical situation would potentially produce muscle weakness due to its effect at the neuromuscular junction and would not be recommended.