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| Case Number: | CM13-0049264 | | |
| Date Assigned: | 12/27/2013 | Date of Injury: | 12/05/1999 |
| Decision Date: | 08/27/2015 | UR Denial Date: | 10/29/2013 |
| Priority: | Standard | Application Received: | 11/07/2013 |

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 58 year old female, who sustained an industrial injury on December 5, 1999, incurring neck and low back injuries. She was diagnosed with chronic severe migraine headaches and lumbosacral sprain. Treatment included pain medications, exercises, sleep aides, Botox injections for headaches and antidepressants. Currently, the injured worker complained of persistent neck pain and headaches. Upon examination, it was noted she had myofascial tension and positive twitch responses in the paracervical muscles. The treatment plan that was requested for authorization included one additional Botox injection into the muscles of the skull and posterior neck.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) additional Botox injection into the muscles of the skull and posterior neck: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Gerwin R. Botulinum Toxin Treatment of Myofascial Pain: A Critical Review of the Literature. Curr Pain Headache Rep. 212; 16(5): 413-22, De Andres J, et al. A double-blind, controlled randomized trial to evaluate the efficacy of botulinum toxin for the treatment of lumbar myofascial pain in humans. Ref Anesth Pain Med 2010; 35(3): 255-60, Soars A. et al. Botulinum toxin for myofascial pain syndromes in adults.

Cochrane Database Syst Rev. 2012 Apr 18; 4:CD007533, Naumann M, et al. Assessment Botulinum neurotoxin in the treatment of autonomic disorders and pain (an evidence-based review). Report of the Therapeutics and Technology Subcommittee of the American Academy of Neurology. Neurology 2008; 70(19): 1707-14, IHS Classification. Chronic Migraine. ICHD II. http://ihsclassification.org/en/02_klassifikation/02_teil_1_01.05.01_migraine.html.

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

Decision rationale: The requested One (1) additional Botox injection into the muscles of the skull and posterior neck is not medically necessary. CA MTUS 2009 - Chronic Pain Treatment Guidelines 7/18/2009, Pages 25-26, Botulinum toxin (Botox; Myobloc) noted: "Not generally recommended for chronic pain disorders, except for cervical dystonia." The injured worker has persistent neck pain and headaches. Upon examination, it was noted she had myofascial tension and positive twitch responses in the paracervical muscles. The treating physician has not documented objective evidence of derived functional improvement from previous injections. The criteria noted above not having been met. The request for One (1) additional Botox injection into the muscles of the skull and posterior neck is not medically necessary.