

**MAXIMUS FEDERAL SERVICES, INC.**

Independent Medical Review

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**Independent Medical Review Final Determination Letter**

838

[REDACTED]  
 [REDACTED]  
 [REDACTED]  
 [REDACTED]

Dated: 12/26/2013

|   |                 |                              |            |
|---|-----------------|------------------------------|------------|
| <b>IMR Case Number:</b>                                   | CM13-0017850    | <b>Date of Injury:</b>       | 12/29/2003 |
| <b>Claims Number:</b>                                     | [REDACTED]      | <b>UR Denial Date:</b>       | 08/13/2013 |
| <b>Priority:</b>  | STANDARD        | <b>Application Received:</b> | 08/28/2013 |
| <b>Employee Name:</b>                                     | [REDACTED]      |                              |            |
| <b>Provider Name:</b>                                     | [REDACTED] M.D. |                              |            |
| <b>Treatment(s) in Dispute Listed on IMR Application:</b> |                 |                              |            |
| PLEASE REFERENCE UTILIZATION REVIEW DETERMINATION LETTER  |                 |                              |            |

DEAR [REDACTED]

MAXIMUS Federal Services has completed the Independent Medical Review (“IMR”) of the above workers’ compensation case. This letter provides you with the IMR Final Determination and explains how the determination was made.

Final Determination: UPHOLD. This means we decided that none of the disputed items/services are medically necessary and appropriate. A detailed explanation of the decision for each of the disputed items/services is provided later in this letter.

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the Final Determination of the Administrative Director of the Division of Workers’ Compensation. This determination is binding on all parties.

In certain limited circumstances, you can appeal the Final Determination. Appeals must be filed with the Workers’ Compensation Appeals Board within 30 days from the date of this letter. For more information on appealing the final determination, please see California Labor Code Section 4610.6(h).

Sincerely,

Paul Manchester, MD, MPH  
 Medical Director

cc: Department of Industrial Relations, [REDACTED]

## HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Anesthesiology has a subspecialty in Pain Medicine and is licensed to practice in California. 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 physician 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/services.

### DOCUMENTS REVIEWED

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]

### CLINICAL CASE SUMMARY

The physician reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 65-year-old female who reported a work-related injury on 12/28/2003 due to hitting her head on the edge of a refrigerator door. The patient stated she felt hazy and dizzy but did not lose consciousness. The patient complained of persistent severe headaches and difficulty with focus, concentration and memory as well as dysesthesias bilaterally in the jaw and forehead. She has undergone treatments with a neurologist, physical therapy and acupuncture treatments. MRI of the brain dated 12/03/2004 revealed normal findings with the exception of "nonspecific focus of T2 hyperintensity within the left frontal subcortical white matter, nonspecific, possibly a small region of gliosis," the patient was diagnosed with a post-traumatic head syndrome.

### IMR DECISION(S) AND RATIONALE(S)

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

**1. Unknown amount of Botox injections every 8-12 weeks for 6 months 6/12/13 and 2/9/14 is not medically necessary and appropriate.**

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines , Botulinum Toxin, which is part of the MTUS.

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines , Botulinum Toxin, pages 25-26, which is part of the MTUS.

The Physician Reviewer's decision rationale:

There were no recent clinical notes submitted with the request. The clinical note dated 04/17/2013 stated the patient had an excellent result from last injection of Botox. Botulinum toxin injections were noted to be given to the patient at this visit to the face and neck muscles. The patient's diagnoses included chronic migraine without aura, trigeminal neuralgia, and

spasmodic torticollis. Her medications included Vimpat, Ultram, aspirin, Sotalol, Claritin, and Botox. The clinical note dated 06/12/2013 stated that the patient received a botulinum toxin injection to the muscles of her face and neck and that the patient tolerated the procedure well. The California Chronic Pain Medical Treatment Guidelines state that botulinum toxin injections are not recommended for the following: tension type headache, migraine headache, fibromyositis, chronic neck pain, myofascial pain syndrome, and trigger point injections. There was no recent clinical documentation submitted to support the use of Botox injections for the patient. There was a lack of documentation stating the efficacy of the injections and the patient's response to them. Furthermore, the California Medical Treatment Guidelines do not recommend botulinum toxin injections for migraine headaches. As such, the request for unknown Botox injections every 8 to 12 weeks for 6 months between 06/12/2013 and 02/09/2014 is non-certified.

Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.

[REDACTED]

CM13-0017850