

<b>Case Number:</b>	CM14-0143829		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	08/18/2013
<b>Decision Date:</b>	11/20/2014	<b>UR Denial Date:</b>	08/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/05/2014

### 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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in Illinois. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 38-year-old who reported an injury on 08/18/2013. The mechanism of injury was not provided. The injured worker's diagnoses included a closed head injury with possible concussion, possible post concussion syndrome with a history of psychiatric distress with recent anxiety, and bilateral Temporomandibular joint syndrome consistent with jaw lash. The injured worker's past treatments included medication. The injured worker's diagnostic testing included an MRI of the brain performed on 02/21/2014, it reveals no significant abnormalities. There were no relevant surgeries documented. On 05/29/2014, the injured worker reported intermittent headaches that appeared to be better since her last examination. She complained of visual impairment in her left eye. Upon physical examination, the injured worker was noted with tenderness over the left Temporomandibular joint of the left temple and some decreased field of vision in the left eye. The injured worker's current medications were not included in the documentation, but she was noted to have managed headaches with Botox in the past. The request was for Botox injections for migraine headaches. The Request for Authorization form was signed and submitted on 06/18/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Botox injections.:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Botulinum toxin (Botox; Myobloc).

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

**Decision rationale:** The request for Botox injections is not medically necessary. The California MTUS Guidelines state that Botox is not generally recommended for chronic pain disorders, but recommended for cervical dystonia. Botox is not recommended for tension type headache, migraine headache, chronic neck pain, myofascial pain syndrome, and trigger point injections. The injured worker reported intermittent headaches that appeared to be getting better since her last examination. She was noted with a history of migraine headaches that have been managed with Botox; however, the guidelines do not recommend Botox for migraine headaches. In the absence of documentation with evidence of the condition cervical dystonia, the request is not supported. Therefore, the request is not medically necessary.