

Case Number:	CM14-0148046		
Date Assigned:	09/18/2014	Date of Injury:	05/08/2008
Decision Date:	10/20/2014	UR Denial Date:	08/22/2014
Priority:	Standard	Application Received:	09/11/2014

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 Occupational 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 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic neck pain, upper extremity pain, headaches, and shoulder pain reportedly associated with an industrial contusion injury of May 8, 2008. Thus far, the applicant has been treated with the following: Analgesic medications; adjuvant medications; psychotropic medications; opioid therapy; and unspecified amounts of physical therapy over the course of the claim. In a Utilization Review Report dated August 22, 2014, the claims administrator approved a request for Cymbalta while partially certifying a request for Botox injections every 12 weeks for one year as one (1) set of Botox injections. The applicant's attorney subsequently appealed. In a progress note dated August 7, 2014, the applicant reported symptoms of chronic regional pain syndrome of the right face and right upper extremity, neck pain, right index finger neuritis, and pain-induced depression, and headaches. Botox injections were reportedly sought for the same on an every 12-week basis. The note was very difficult to follow and did not follow a conventional SOAP format.

IMR ISSUES, DECISIONS AND RATIONALES

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

Botox injections denervation into scalp one set of injections every twelve weeks for one year.: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Botulinum Toxin Page(s): 26.

Decision rationale: As noted on page 26 of the MTUS Chronic Pain Guidelines, Botox injections are not recommended for tension-type headaches, as appear to be present here. It is further noted that the request, as written, runs counter to the MTUS Chronic Pain Guidelines principles and parameters as it does not contain provisions to reevaluate the applicant after each injection to ensure functional improvement before proceeding with further blocks. Therefore, the request is not medically necessary.