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Notice of Independent Review Decision

September 4, 2013

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Botox injection for migraine headaches status post head trauma

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:

Board Certified Physical Medicine and Rehabilitation Physician

REVIEW OUTCOME:

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

X Upheld (Agree)

Medical documentation **does not support** the medical necessity of the health care services in dispute.

Provide a description of the review outcome that clearly states whether medical necessity exists for each of the health care services in dispute.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

- Office visit (07/01/13)
- Utilization reviews (07/19/13, 08/19/13)
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- Utilization reviews (07/19/13, 08/19/13)

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a female who was hit in the head by an elevator door on xx/xx/xx. As a result, she had a history of chronic pain and chronic neuralgia.

No records are available from the xx/xxxx to June 2013.

On July 1, 2013, evaluated the patient for follow-up injections of Botox for her migraine headaches. She was previously admitted on xx/xx/xx, for intractable facial pain and acute exacerbation of chronic kidney disease. She had a history of chronic pain and chronic neuralgia since the injury. The patient reported that the Botox had really helped with her headaches. She stated her pain was 4 out of 10. She was also reporting weakness to her entire body, mainly in her neck and upper extremities for a couple of days. She also reported that she was having difficulty sleeping due to the pain. She only received approximately three hours of sleep per night. She was unable to sleep on her right side due to the trigeminal neuralgia on the right side of her face and neck. The Zanaflex helped her relax better. She was utilizing Lortab for pain and it took the edge off enough for her to sleep. She took Zanaflex and Lortab intermittently. She had tried Lyrica and Neurontin for nerve pain but both of them made her nauseous, vomit and very itchy. She complained of excessive facial muscle spasticity along with speech impediment. She continued to have jerky head snapping motion when she was talking. She could not take any medications that were metabolized through the kidneys. She stated that her kidneys were functioning at a 25%-0% capacity. Her physical therapy (PT) evaluation was denied by Worker's Compensation. She had undergone 200 units of Botox. Medical history was positive for chronic kidney disease, chronic low back pain and gastroesophageal reflux disease (GERD). She had a history of tobacco use. Examination showed 3/5 right upper extremity strength. Strength to all other extremities was 4/5. Stretch reflexes were 2+ bilaterally. She had atrophy noted in all extremities. There was positive Hoffman sign bilaterally. She had excessive facial spasms along with jerking motions in the neck and head. Her speech was dysarthric. diagnosed unspecified migraine, myofascial pain, dysarthria and trigeminal neuralgia (possible). recommended undergoing 200 units of Botox to relieve migraine headaches. The patient was to wait for approval at SPRC to start PT. She was to continue medications to include Zanaflex and Lortab.

Per utilization review dated July 19, 2013, denied the request for 200 units of Botox for head and neck based on the following rationale: *"The compensable body part is the cervical spine. The request is for Botox injections for the head and neck 200 units to be re-injected into the occipital and cervical paraspinal and trapezius muscles. The medical records do not indicate that the patient has an acute spasmodic torticollis. Medical records indicate that the patient has a traumatic cervicalgia. There is no indication or clinical evidence that the patient has migraine headache secondary to her neck injury. Botox is not FDA approved for neuromuscular, musculoskeletal conditions such as demonstrated in the medical records. I attempted to reach the requesting physician, he was not available. He was going to call me. I did not receive a callback and the request is recommended for non-certification as being not medically reasonable or necessary."*

Per reconsideration review dated August 19, 2013, the appeal for reconsidering 200 units of Botox injection for the head and neck was denied based on the following rationale: *"This is a non-certification of the appeal request for Botox injections. The previous non-certification on July 19, 2013, was due to a lack of*

documentation of acute spasmodic torticollis. It was noted that there was no indication or clinical evidence that the claimant had migraine headaches secondary to neck injury. It was also noted that Botox injection was not Federal Drug Administration approved for neuromuscular, skeletal conditions, which is demonstrated in the medical records. No additional records were provided for review. The previous non-certification is supported. The guidelines state that botulinum toxin injection are recommended for cervical dystonia, but not recommended for headache, fibromyositis, chronic neck pain, myofascial pain syndrome and trigger point injections. The provided medical records did not document the presence of a cervical dystonia or spasmodic torticollis. It is noted that the injections are not recommended for the stated condition of the claimant, including headache and chronic neck pain. Based on these factors, the appeal request for Botox injections for the head and neck, 200 units to be divided on bilateral corrugators, procerus, frontalis, temporalis, occipitalis, cervical paraspinals, and trapezius as an outpatient is not certified."

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS, AND CONCLUSIONS USED TO SUPPORT THE DECISION:

After review of the medical records no additional records were received to support dystonia or spasmodic torticollis, which are the conditions supported by the guidelines. The guides do not recommend these injections for headaches or chronic neck pain. Therefore, the prior determination should be upheld.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

X ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES