MAXIMUS Federal Services

Case Number:	CM13-0008258		
Date Assigned:	09/30/2013	Date of Injury:	10/16/2012
Decision Date:	01/08/2014	UR Denial Date:	08/02/2013
Priority:	Standard	Application Received:	08/06/2013

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 Medeicine and is licensed to practice in Georgia. 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. 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 client presents with headaches following a work related injury on 10/16/2012. The client reported dull, throbbing, headaches associated with short-term memory loss, decreased concentration and insomnia. The client reported that medication has only reduce the frequency of his headaches and helped with the insomnia. He also reports that the Botox did provide some temporary relief of his headaches. The clients physical exam and testing was unremarkable. The client was diagnosed with head contusion and cervical/thoracic/lumbosacral strain. The provider recommended Trigger point injections to the neck and bilateral occipital nerve blocks for headaches.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trigger point injections to the neck: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Tough, Elizabeth A. et al. Validity of Criteria Used to Diagnose Myofascial Trigger Point Pain Syndrome-Evidence From a Review of the Literature Clinical Journal of Pain. 2007; 23(3): 278-286.

Decision rationale: Trigger point injection to the neck are not medically necessary. There is a paucity of medical literature, supporting the safety and long term efficacy of the requested services in treating the clients chronic medical condition. Final Determination Letter for IMR Case Number CM13-0008258 3 Tough et al. (Clinical Journal of Pain, 2007) performed a literature review to investigate the criteria adopted by experts to diagnose myofascial trigger point pain syndrome. The authors concluded that there is limited consensus on case definition in respect to myofascial trigger point pain syndrome. Further research is needed to test the reliability and validity of diagnostic criteria. Until reliable diagnostic criteria have been established, there is a need for greater transparency in research papers on how a case of myofascial trigger point pain syndrome is defined and claims for effective interventions in treating the condition should be viewed with caution.

bilateral occipital nerve blocks for headaches: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Ninan, Matthew et al. Botulinum Toxin Type A (Botox) for the Prophylactic Treatment of Chronic Daily Headache: A Randomized, Double-Blind, Placebo-Controlled Trial. Headache: The Journal of Head and Face Pain. 2005; 45(4): 293-307, as well as Silberstein, Stephen

Decision rationale: Botox injections for headaches are not medically necessary. There is a paucity of medical literature, supporting the safety and long term efficacy of the requested services in treating the clients chronic medical condition. Ninan et al. (Headache, 2005) performed a randomized double-blinded, placebo-controlled trial on Botulinum Toxin Type A for the prophylactic treatment of chronic daily headaches. The trial resulted in patients having on average, approximately, seven more headache free days compared to baseline. The primary time point difference, however, for Botulinum Type A when compared to placebo was not statistically significant. The treatment also met secondary efficacy outcome measures, including the percentage of patients experiencing a 50% or more decrease in the frequency of headache days. Botox treatment for chronic daily headaches seems promising and is well tolerated. However, Botox treatment efficacy for headaches is not proven to be statistically significant in trials or peer-reviewed literature. Silberstein et al. (Cephalalgia, 2006) studied the safety and efficacy of different concentrations of Botox type A for prophylactic use in chronic tension type headaches. Efficacy of Botox was demonstrated as more patients than the placebo group had a greater than 50+/- decrease in tension headache days. For the primary endpoint, however, the mean change from baseline in the number of tension type headache - free days per month, there was no statistically significant difference between placebo and four Botox injected groups.