

<b>Case Number:</b>	CM13-0037462		
<b>Date Assigned:</b>	12/13/2013	<b>Date of Injury:</b>	12/17/2004
<b>Decision Date:</b>	07/09/2014	<b>UR Denial Date:</b>	10/11/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/23/2013

### 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 injured worker is a 53-year-old male who reported an injury on 12/17/2004. The mechanism of injury was not provided in the documentation. Per the documentation dated 09/05/2013, the injured worker has undergone multiple epidural steroid injections to the lumbar region, has failed spinal cord stimulation trial and lumbar facet radiofrequency thermocoagulation rhizotomy injections. The injured worker had a right sphenopalatine ganglion block on 03/13/2013 which provided 50% to 60% pain relief, decreased headaches, and increased non-painful sensation for 4 months. Per the provider's documentation a CT scan of the jaw on 02/14/2013 noted the right jaw severely displaced and questionable for surgery. The injured worker was reported to have used Sprix nasal spray, Flexeril, Tramadol, and Nucynta all with decreased or no effect. The injured worker reported low back pain at 4/10 and jaw pain 7/10 with 75% relief on medications; there were no new areas of pain, numbness, or tingling. Diagnoses for the injured worker was reported to include Temporomandibular joint dysfunction, lumbar radiculitis/radiculopathy, degenerative disc disease lumbar, low back pain, and facet joint syndrome lumbar spine. The request for authorization for the sphenopalatine ganglion block as well as the provider's rationale for the request was not provided in the documentation. The previous treatments for the Temporomandibular joint dysfunction were reported to be a prior sphenopalatine ganglion block and medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**RIGHT SPHENOPALLATINE GANGLION BLOCK:** 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 OFFICIAL DISABILITY GUIDELINES (ODG) PAIN, INJECTION WITH ANAESTHETICS AND/OR STEROIDS OTHER MEDICAL TREATMENT GUIDELINE OR MEDICAL EVIDENCE:  
[HTTP://WWW.PAINPHYSICIANJOURNAL.COM/2004/APRIL/2004;7;283-286.PDF](http://www.painphysicianjournal.com/2004/april/2004;7;283-286.pdf).

**Decision rationale:** Per Official Disability Guidelines, pain injections are consistent with the intent of relieving pain, improving function, decreasing medications, and encouraging return to work. Repeat pain and other injections are not otherwise specified in a particular section in Official Disability Guidelines, should at a very minimum relieve pain to the extent of 50% for a sustained period, including the result of documented reduction in pain medications, improved function, and/or return to work. Per On-Line reviews, currently accepted indications for a sphenopalatine ganglion block are sphenopalatine neuralgia, trigeminal neuralgia, atypical facial pain, acute migraine, acute and chronic cluster headaches, herpes zoster involving the ophthalmic nerve, and a variety of other facial neuralgias. There was a lack of documentation regarding a decrease in pain medications or an increase in functionality after the last sphenopalatine ganglion block. The documentation noted the injured worker had not returned to work following the last block. There was documentation of Botox injections being recommended; however, there is a lack of documentation regarding whether the injections had been given and if so the efficacy of those injections. Therefore, the request for a right sphenopalatine ganglion block is not medically necessary.