

Case Number:	CM13-0060989		
Date Assigned:	12/30/2013	Date of Injury:	09/17/1996
Decision Date:	04/02/2014	UR Denial Date:	11/07/2013
Priority:	Standard	Application Received:	12/04/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain 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 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 patient is a 62-year-old female who was injured on 09/17/1996. The prior treatment history has included trigger point injections, acupuncture and Lidoderm 5%. A Periodic Report dated 11/19/2012 indicated that the patient has had fewer headaches this past month, two to three (2-3) weekly, lasting one to two (1-2) hours. A Periodic Report dated 12/17/2012 indicated that the patient has had only one headache this past month lasting three (3) hours, with no associated symptoms. She has occipital pain with radiation to the interscapular area. A Periodic Report dated 02/25/2013 indicated that she had one (1) weekly headache with duration of two to six (2-6) hours associated with no visual disturbances. A Periodic Report dated 04/15/2013 indicated she had one to two (1-2) headaches lasting four to six (4-6) hours weekly, associated with severe neck pain. A Periodic Report dated 05/13/2013 indicated that the patient had headaches occurring three (3) times a week. No headaches are experienced for duration of three (3) days. A Periodic Report dated 06/17/2013 indicated that the patient's headaches occur at least three (3) times a week. A Periodic Report dated 07/24/2013 indicated that the headaches occurred up to six (6) times per week, at least three (3) times a week, and on occasion, lasting nearly twenty-four (24) hours. A Periodic Report dated 08/12/2013 indicated that the headaches decreased sine trigger point injection to twice a week, lasting nearly twenty-four (24) hours, with symptoms beginning at the posterior occiput radiating to the occipitalis, to the temporalis, and frontalis muscle. A Treatment Report dated 09/13/2013 indicated that the patient was referred for acupuncture treatments of the back, neck, and shoulder pain and migraine headache, caused by a work injury. After the first series of treatments, she reported an improvement. Unfortunately, she did not come in for weekly treatments, but skipped treatment for weeks on several occasions. A Periodic Report dated 09/16/2013 indicated that the patient's headaches decreased since her trigger point injection occurring now twice a week. Her pain remains at 6/10 in the lower back.

A Periodic Report dated 10/21/2013 indicated that the patient's headaches have decreased since her trigger point injection occurring now twice a week. A Periodic Report dated 11/13/2013 indicated that the patient's headaches continue and are aggravated by neck activity. The objective findings on examination of the cervical spine revealed that the range of motion was significantly limited with 2+ myofascial tension and tenderness to palpation remaining over both trapezius areas. The patient's diagnoses were included as myofascial tension, moderate to severe; chronic migraine headaches; and myofascial, moderate to severe. The neurological examination of the upper extremity strength revealed that pain inhibited four to five (4-5) weakness remained in both arms; sensation was normal in both hands; and deep tendon reflexes were symmetrical. The patient received injections to the right trapezius, suboccipitalis, occipitalis, and paravertebral trigger points.

IMR ISSUES, DECISIONS AND RATIONALES

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

Occipital nerve block with lidocaine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Neck and Upper Back Chapter, Head Chapter, and Neck Chapter

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Head, Greater Occipital Nerve Block

Decision rationale: The Official Disability Guidelines indicate that occipital nerve blocks are under study for use in treatment of primary headaches. Studies on the use of greater occipital nerve block (GONB) for treatment of migraine and cluster headaches show conflicting results, and when positive, have found response limited to a short-term duration. A recent study has shown that GONB is not effective for treatment of chronic tension headache. The patient has been diagnosed with chronic migraines, which is not supported by evidence based guidelines for the administration of GONB. Therefore, certification is not recommended.