

Case Number:	CM13-0069379		
Date Assigned:	01/03/2014	Date of Injury:	03/05/2012
Decision Date:	04/11/2014	UR Denial Date:	11/12/2013
Priority:	Standard	Application Received:	12/21/2013

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Florida. 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 patient is a 53-year-old female who reported an injury on 03/05/2012. The mechanism of injury was reported that mops, brooms, and dust pans fell striking the patient in the occipital region of the upper head. The patient was diagnosed with headaches and neck pain. The patient complained of headaches and neck pain. The patient reported the headaches were constant, daily, moderate, and incapacitating. Headaches were associated with phonophobia, photophobia, and dizziness. The patient was using Lyrica, Neurontin, and Topamax. The patient had an MRI on 04/25/2012 that revealed broad-based disc herniation at C6-7. The patient had a previous cervical laminectomy and fusion at C5-6. The physical examination revealed tenderness in the posterior occipital region of the scalp and upper cervical region. The patient had moderate spasm in the paracervical and upper trapezius muscle groups with mild restriction of motion inflexion, extension, and lateral rotation. The patient was recommended an MRI of the brain, occipital nerve blocks, and Botox injections to the scalp and paracervical muscles.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI BRAIN SCAN: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Head, MRI (magnetic resonance imaging)

Decision rationale: CA MTUS/ACOEM do not address the request. The Official Disability Guidelines recommend MRI scanning of the brain to determine neurological deficits not explained by a CT, evaluation of prolonged interval of disturbed consciousness, and to define evidence of acute changes superimposed on previous trauma or disease. The patient complained of headaches and neck pain; however, the clinical documentation submitted for review does not indicate the patient has had a previous CT scan. Also, the documentation does not show evidence of prolonged disturbed consciousness or acute changes. Given the lack of documentation to support guideline criteria, the request is non-certified.

OCCIPITAL NERVE BLOCKS: Upheld

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

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 (GONB)

Decision rationale: CA MTUS/ACOEM do not address the request. The Official Disability Guidelines state greater occipital nerve blocks are under study for use in treatment of primary headaches. The Guidelines state studies on the use of greater occipital nerve blocks for treatment of migraine and cluster headaches show conflicting results and when positive, have found response limited to short-term duration. The patient complained of headaches; however, guidelines consider the procedure to be experimental. As such, the request is not medically supported and is non-certified.

POSSIBLE BOTOX INJECTIONS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Botulinum toxin (Botox®; Myobloc®).

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

Decision rationale: CA MTUS states Botox is not recommended for tension-type headaches, migraine headaches, fibromyositis, chronic neck pain, myofascial pain syndrome, or trigger point injections. Guidelines also state Botox injections are recommended for cervical dystonia. The patient complained of neck pain and headaches; however, the documentation does not show evidence of cervical dystonia. As such, the request is non-certified.