

Case Number:	CM13-0072342		
Date Assigned:	01/08/2014	Date of Injury:	10/25/2007
Decision Date:	04/22/2014	UR Denial Date:	12/20/2013
Priority:	Standard	Application Received:	12/30/2013

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 patient is a 44 year old male who was injured on 10/25/2007. The patient fell off a ladder. The patient struck his head, left elbow, and shoulder, and he briefly lost consciousness. Prior surgical history includes a left shoulder arthroscopic superior labrum anterior and posterior (SLAP) repair; arthroscopic rotator cuff repair; arthroscopic Mumford procedure; arthroscopic subacromial decompression, and debridement of glenohumeral joint to include the superior labrum, anterior labrum, and rotator cuff on 01/22/2013, and cervical spine surgery. 07/10/2013 Medications Included: Lyrica 50 mg b.i.d., Motrin 600 mg q. d., Prilosec 20 mg q. d., and Fioricet p.r.n. Diagnostic studies reviewed include MRI of the brain without contrast performed on 10/18/2013, which revealed no evidence of any acute intracranial hemorrhage. There was no mass effect or hydrocephalus. There were minimal scattered nonspecific white matter T2 hyperintensities, which may be related to migraines. The patient had a drug analysis test performed on 08/09/2013. A clinic note dated 12/09/2013 indicates he presented with complaints of daily headaches, two types. One arises from the bifrontal areas and radiates towards the neck and second one comes from the neck, particularly on the left side. He has sensitivity to turning his head and feels fullness or pressure. He reported his mood and affect continues to be preserved and irritable. He reportedly does not like to take medications. He is taking ibuprofen. He continues to have trouble with his memory and focusing problems. On exam, he voiced no delusions or hallucinations. There was tenderness over occiput. The temporal arteries were not enlarged. Cranial nerves II to XII normal. He was diagnosed with posttraumatic headaches, occipital neuralgia, posttraumatic head syndrome, and posttraumatic depression.

IMR ISSUES, DECISIONS AND RATIONALES

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

BOTOX CHEMODENERVATION: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: As per CA MTUS guidelines, Botox (botulinum toxin) is not generally recommended for chronic pain disorders, but recommended for cervical dystonia (also known as spasmodic torticollis). It is not recommended for the following: tension-type headache; migraine headache; fibromyositis; chronic neck pain; myofascial pain syndrome; and trigger point injections. In this case, this patient is status post cervical fusion C4-C7 on 08/15/2011 and is suffering from headaches. As such, the guidelines do not support its use in this patient and the request is non-certified.

OCCIPITAL NERVE BLOCK FOR BILATERAL GREATER AND LESSER OCCIPITAL NERVES: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back (Acute & Chronic)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back (Acute and Chronic), Greater occipital nerve block, diagnostic

Decision rationale: CA MTUS guidelines do not specifically discuss the issue in dispute and hence the ODG has been consulted. As per ODG, "greater occipital nerve blocks (GONB) have been recommended by several organizations for the diagnosis of both occipital neuralgia and cervicogenic headaches." In this case, this patient is status post cervical fusion from C4 through C7 and is having daily headaches. This patient is diagnosed with posttraumatic headaches and occipital neuralgia, and on physical exam there is tenderness over occipital region. There is documentation that this patient is experiencing two types of headaches and the ODG recommends GONB as a diagnostic aid in differentiating between the headache conditions. The ODG does not specifically address the lesser occipital nerve blocks but since ODG recommends the greater occipital nerve blocks, the medical necessity for occipital nerve block for bilateral greater and lesser occipital nerves has been established and the request is certified.