MAXIMUS Federal Services

Case Number:	CM14-0012683		
Date Assigned:	02/21/2014	Date of Injury:	10/23/2009
Decision Date:	06/26/2014	UR Denial Date:	01/13/2014
Priority:	Standard	Application Received:	01/31/2014

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 Neurology, and is licensed to practice in Texas. 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 57-year-old female who reported an injury to the right side of the head. The clinical note dated 01/30/12 indicates the injured worker complaining of intractable headaches and pain on the right side of the head. There is an indication the injured worker has previously undergone treatment with Novocaine; however, the note indicates the injured worker stating the use of this medication makes her jittery and irritable as well as disoriented. Upon exam, marked tenderness was identified at the neck. Diffused pain was also revealed at the right side of the head. The clinical note dated 07/02/12 indicates the injured worker showing no gross motor or sensory deficits in the upper or lower extremities. The procedural note dated 08/13/12 indicates the injured worker undergoing a right occipital nerve injection. The injured worker reported a three (3) day benefit following the most recent injection. There was also an indication the injured worker demonstrated a cognitive improvement as well. The clinical note dated 08/27/12 indicates the initial injury occurred when the injured worker slipped while working as a waitress. The clinical note dated 08/31/12, indicates the injured worker describing the headache pain as if she had been hit in the head with a hammer. The injured worker located the pain at the right occipital region. The injured worker rated the pain as 7/10 and described the pain as a constant aching sensation in the right side of the head. The clinical note dated 11/06/12, provides a more detailed description of the initial incident when the injured worker slipped and fell with an associated loss of conciousness. The event took place on 08/15/12. The injured worker continued with ongoing headaches despite having undergone physical therapy. The injured worker also reported intermittent double vision. There is an indication that the injured worker has previously undergone occipital blocks which did provide two (2) days of benefit; however, the injured worker reported a return to baseline pain. The injured worker stated that she has difficulty going to sleep and staying asleep. The injured worker also reported waking

frequently. The clinical note dated 03/26/13 indicates the injured worker exhibiting signs of moodiness. There was no indication of psychosocial factors aggravating the injured worker's condition. The clinical note dated 07/09/13 indicates the injured worker presenting for an evaluation for pain management therapy. Upon exam, no reflex or sensation deficits were identified in the extremities. The injured worker continued with complaints of constant headaches. The injured worker was recommended for cryoablation at the right occipital nerve at that time. The clinical note dated 01/06/14 indicates the injured worker continuing with no significant changes. Occipital headaches continued. The injured worker was identified as being alert and oriented. Tenderness was identified at the posterior cervical and occipital musculature. The injured worker's pupils are reactive to light. No evidence of localizing neurologic deficits was identified. The utilization review dated 01/13/14 resulted in a denial for an occlusive orthostatic device as well as cryoablation for occipital nerve procedure.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 OCCLUSIVE ORTHOSTATIC DEVICE: 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 Other Medical Treatment Guideline or Medical Evidence: 1.) Edward F. Wright, DDS, MSa, and Sarah L. North, PT, MPTb. J Man Manip Ther. 2009; 17(4): 247-254. PMCID: PMC2813497. Management and Treatment of Temporomandibular Disorders: A Clinical Perspective.

Decision rationale: The request for an occlusive orthostatic device is not medically necesasry. The documentation indicates the injured worker complaining of right sided headaches that had been described as constant. Insufficient evidence exists supporting the use of occlusive orthostatic devices given the injured worker's stated symptomology. Without published studies in peer reviewed literature available supporting the safety and efficacy of the use of the proposed treatment, this request is not indicated as medically necessary.

1 CRYOABLATION OF OCCIPITAL NERVE: 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 Other Medical Treatment Guideline or Medical Evidence: 1.) Ellen E. Rhame, Alexander F. DeBonet, and Thomas T. SimopoulosCase Reports in Anesthesiology. Volume 2011 (2011), Article ID 691478, 4 pages. http://dx.doi.org/10.1155/2011/691478.

Decision rationale: The request for cryoablation of occipital nerves is not medically necesasry. Currently, no high quality studies have been made available supporting the use of cryoablation for occipital nerve involvement. Given that no information has been published in peer reviewed literature regarding the use of cryoablation for occipital nerve involvement, this request is not indicated as medically necessary.