

Case Number:	CM14-0014878		
Date Assigned:	02/28/2014	Date of Injury:	01/12/2010
Decision Date:	07/11/2014	UR Denial Date:	01/23/2014
Priority:	Standard	Application Received:	02/05/2014

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 Physical Medicine and Rehabilitation and Pain Medicine and is licensed to practice in Texas and Ohio. 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 38-year-old female who reported an injury on 01/12/2010. The mechanism of injury is not documented within this review. On 01/03/2014 the claimant was evaluated. The claimant complained of persistent headaches, migraines, neck stiffness, neck pain, right forearm pain, and depression. Diagnoses included a traumatic brain injury related to left skull fracture from a thrown rock with late effect right hemiparesis, overuse syndrome with right hand and forearm, probably exacerbating with some mild right hemiparesis related to her initial injury, fatigue related to the brain injury as well as decreased endurance, chronic headaches, with migraine features, left-sided occipital neuralgia, left temporomandibular joint dysfunction, and hypertension related to the brain injury with some element of autonomic dysfunction, posttraumatic stress disorder, major depression, anxiety, hypothyroidism, left ear otitis, and decreased hearing related to the traumatic brain injury. The treatment plan included undergoing hand therapy as well as physical therapy and massage therapy to address neck pain as well as overuse syndrome of the right forearm and pain in the wrist. The provider recommended pain management with the use of Topamax to help with headaches prophylactically, continuation of Xanax for anxiety and posttraumatic stress disorder, continuation of Imitrex for acute treatment of migraines, and treatment of hypertension with Metoprolol and Norvasc. The claimant was approved for therapy and would begin therapy after completion of her education. The documents submitted for review do not include a Request for Authorization for Medical Treatment and the rationale for the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE LEFT OCCIPITAL NERVE BLOCK: 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.

Decision rationale: The Official Disability Guidelines (ODG) indicates that occipital nerve blocks are under study for use in treatment of primary headaches. Studies on the use of greater occipital nerve blocks for treatment of migraines and cluster headaches show conflicting results, and when positive, have found response limited to a short-term duration. The mechanism of action is not understood, nor is there a standardized method of the use of this modality for treatment of primary headaches. A recent study has shown that the greater occipital nerve block is not effective for treatment of chronic tension headache. The block may have a role in differentiating between cervicogenic headaches, migraine headaches, and tension headaches. In this case, the employee is presented with complaints of migraine headaches. The provider recommended continuation of Topamax and Imitrex for the management of the employee's symptoms. The provider indicated the employee headaches were slightly improved and continued to be worse on the left side. There was a lack of documentation indicating failure of medications to alleviate her headaches. There was no adequate documentation indicating the severity and frequency of the employee's headaches. Additionally, the occipital nerve block is under study per the Official Disability Guidelines. Therefore, the request for 1 left occipital nerve block is not medically necessary and appropriate.