MAXIMUS Federal Services

Case Number:	CM14-0131147		
Date Assigned:	08/20/2014	Date of Injury:	02/06/2011
Decision Date:	10/02/2014	UR Denial Date:	08/07/2014
Priority:	Standard	Application Received:	08/15/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Connecticut. 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:

After careful review of the medical records, this is a 59 year old female with complaints of jaw and head pain. The date of injury is 2/6/11 and the mechanism of injury is closed head and neck injury when an 8 pound object fell on her head. At the time of request for the following: 1. Occipital nerve block once monthly unspecified duration 2.trigger point injection once monthly multiple sites (sites and duration unspecified) 3.botox injection once every 3-4 months 100 units (duration unspecified) 4. Sphenopalatine ganglion block bilateral once monthly (duration unspecified) 5. Toradol injection once monthly as needed (unspecified amount), there is subjective (head pain, jaw pain) and objective (tenderness to palpation left sub-occipital and cervical paraspinal musculature, upper trapezius, masseter and temporalis tenderness left greater than right) findings, imaging findings (nothing supplied), diagnoses (Post traumatic headache, TMD? Presumably is temporomandibular disorder, MFP? Presumably myofascial pain, occipital neuralgia, acute muscle spasm neck), and treatment to date (injections occipital block and trigger point injections, Botox injections). Currently occipital nerve blocks are under study for use in treatment of primary headaches and may have a role in differentiating between cervicogenic headache, migraine headaches, and tension headaches. No role for occipital peri-neural injection as a therapeutic treatment has been supported. Trigger Point Injections are recommended for myofascial pain however several criteria must be met. One is there needs to be clinically documentation of the absence of radicular pain, specific trigger points needed to be delineated and demonstrated on the physical exam findings, and failure of more conservative therapy (NSAIDS, muscle relaxants, physical therapy) has been documented. Botox injections are not recommended for myofascial pain or mechanical neck disorders. There are some mixed evidence that are favorable for treatment of migraine headaches. There are some conditions however, that the Sphenopalatine ganglion block is no more effective than placebo as a pain alleviation

modality. Janzen et al. 1997 investigated whether the Sphenopalatine ganglion block could help patients experiencing facial or head pain secondary to fibromyalgia and/or myofascial pain syndrome. These authors found no statistical differences between the Lidocaine and the placebo groups. NSAIDs may be indicated for treatment of acute pain syndromes if there is documented efficacy, limit of duration of treatment is outlined, and there are no medical contraindications such as cardiac, liver, and renal disease. Ketorolac is a potent NSAID that should not be used on a continuous basis nor should it be used for management of chronic pain for daily pharmacotherapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient occipital nerve block once monthly (left) (unspecified duration): 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): Head, Greater Occipital Blocks.

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 Blocks.

Decision rationale: Per ODG Evidence Based Guidelines, currently occipital nerve blocks are under study for use in treatment of primary headaches and may have a role in differentiating between cervicogenic headache, migraine headaches, and tension headaches. No role for occipital peri-neural injection as a therapeutic treatment has been supported. Therefore, the request for injection to the greater and lesser occipital nerves is not medically necessary.

Outpatient occipital nerve block once monthly (right) (unspecified duration): 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): Head, Greater Occipital Blocks.

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 Blocks.

Decision rationale: Per ODG Evidence Based Guidelines, currently occipital nerve blocks are under study for use in treatment of primary headaches and may have a role in differentiating between cervicogenic headache, migraine headaches, and tension headaches. No role for occipital peri-neural injection as a therapeutic treatment has been supported. Therefore, the request for injection to the greater and lesser occipital nerves is not medically necessary.

Trigger point injection once monthly multiple sites (sites and duration unspecified): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point Injections Page(s): 122.

Decision rationale: Per MTUS-Chronic Pain Medical Treatment Guidelines, Trigger Point Injections are recommended for myofascial pain however several criteria must be met. One is there needs to be clinically documentation of the absence of radicular pain, specific trigger points needed to be delineated and demonstrated on the physical exam findings, and failure of more conservative therapy (NSAIDS, muscle relaxants, physical therapy) has been documented. As the medical records supplied do not have this documented, the request for trigger point injections are not medically necessary.

Botox injection once every three to four months, one hundred units (duration unspecified): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Botulinim Toxin Page(s): 25-26.

Decision rationale: Per MTUS-Chronic Pain Medical Treatment Guidelines, Trigger Point Injections are recommended for myofascial pain however several criteria must be met. One is there needs to be clinically documentation of the absence of radicular pain, specific trigger points needed to be delineated and demonstrated on the physical exam findings, and failure of more conservative therapy (NSAIDS, muscle relaxants, physical therapy) has been documented. As the medical records supplied do not have this documented, the request for trigger point injections are not medically necessary.

Sphenopalatine ganglion block once monthly (left) (duration unspecified): 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: Review of Recent Literature on Sphenopalatine Blocks

Decision rationale: ODG, ACOEM, MTUS silent on Sphenopalatine. Indications: Cluster headaches, cancer related facial pain, chronic vasomotor rhinitis there are some conditions however, that the Sphenopalatine ganglion block is no more effective than placebo as a pain alleviation modality. Janzen et al. 1997 investigated whether the Sphenopalatine ganglion block could help patients experiencing facial or head pain secondary to fibromyalgia and/or myofascial pain syndrome. These authors found no statistical differences between the Lidocaine and the

placebo groups.2Another study published a year later found also that 4% Lidocaine when used in a Sphenopalatine block is no more efficacious than placebo in the treatment of myofascial pain of the head, neck, and shoulders.1 Nonetheless, many studies from randomized, double-blinded, placebo-controlled to case reports come out annually about new treatment populations and applications of this block. The documentation/medical records reviewed do not provide an indication/diagnosis for this procedure. Therefore, the request for Sphenopalatine block is not medically necessary.

Sphenopalatine ganglion block once monthly (right) (duration unspecified): 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: Review of Recent Literature on Sphenopalatine Block.

Decision rationale: ODG, ACOEM, MTUS silent on Sphenopalatine. Indications: Cluster headaches, cancer related facial pain, chronic vasomotor rhinitis. There are some conditions however, that the Sphenopalatine ganglion block is no more effective than placebo as a pain alleviation modality. Janzen et al. 1997 investigated whether the Sphenopalatine ganglion block could help patients experiencing facial or head pain secondary to fibromyalgia and/or myofascial pain syndrome. These authors found no statistical differences between the Lidocaine and the placebo groups.2Another study published a year later found also that 4% Lidocaine when used in a Sphenopalatine block is no more efficacious than placebo in the treatment of myofascial pain of the head, neck, and shoulders.1 Nonetheless, many studies from randomized, double-blinded, placebo-controlled to case reports come out annually about new treatment populations and applications of this block. The documentation/medical records reviewed do not provide an indication/diagnosis for this procedure. Therefore, the request for Sphenopalatine block is not medically necessary.

Toradol injection once monthly as needed (unspecified amount): Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67-73.

Decision rationale: Per MTUS-Chronic Pain Medical Treatment Guidelines, NSAIDs may be indicated for treatment of acute pain syndromes if there is documented efficacy, limit of duration of treatment is outlined, and there are no medical contraindications such as cardiac, liver, and renal disease. Ketorolac is not a potent NSAID that should not be used on a continuous basis nor should it be used for management of chronic pain for daily pharmacotherapy. The documentation seems to support appropriate limited use of this potent and effective analgesic. Therefore, I believe this medication to be medically necessary.