

Case Number:	CM14-0070343		
Date Assigned:	07/14/2014	Date of Injury:	04/15/2010
Decision Date:	09/19/2014	UR Denial Date:	04/23/2014
Priority:	Standard	Application Received:	05/15/2014

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 67 year old male with complaints of neck pain and headache pain. The date of injury is 4/15/10 and the mechanism of injury is impact head injury as the chair he was sitting on flipped back with his head hitting the floor. He has had his current symptoms ever since. At the time of request for bilateral occipital nerve block injection of botox 200 units under ultrasound, there is subjective (neck pain with radiating head pain) and objective (involuntary blinking, neck spasm with tenderness to palpation in the mid cervical area on the left side and suboccipital region) findings, imaging findings (no report submitted with medical records but exam note dated 2/26/14 mentions "underlying multi-level degenerative disc disease C3/4 through C6/7), diagnoses (Left suboccipital neuralgia, cervical spasm, posttraumatic migraine headaches primarily left hemcranial, and disorder of sleep and arousal), and therapeutic/diagnostic treatment to date (medications, physical therapy, rest, transelectrical stimulation, injection therapy). In regards to botox injection to the occipital nerves, 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.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral Occipital Nerve Block using 200 units of Botox under Micromax Ultrasound:
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG - Pain Chapter.

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/Botox.

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. As Botox is an agent used for therapeutic (medical) purposes, the request for injection of botox to the greater and lesser occipital nerves is not medically necessary.