

Case Number:	CM14-0087204		
Date Assigned:	07/23/2014	Date of Injury:	01/14/2013
Decision Date:	08/27/2014	UR Denial Date:	05/14/2014
Priority:	Standard	Application Received:	06/10/2014

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 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 injured worker is a 36-year-old male who reported falling from a 7 foot high scaffolding onto concrete on 01/14/2013. On 06/04/2014, his diagnoses included chronic axial neck pain as well as right parascapular pain, right radiating arm pain with possible ligamentous injury at C3-4 and C4-5 without any significant neuroforaminal stenosis, rule out cervical instability, significant right shoulder pain with signs and symptoms consistent with impingement of right AC joint separation-high grade 2 or 3 injury, chronic headaches and memory loss as well as difficulty with concentration, multiple skull fractures, facial fractures, fracture of the first and second ribs, rule out bilateral upper extremity peripheral neuropathy, concussion without loss of consciousness, traumatic neuralgia, fractured jaw, ear pain, eye pain, tooth pain, face pain, high blood pressure and traumatic trigeminal neuralgia. He had unknown jaw surgery in December of 2013. As of 04/15/2014, he still had significant pain in his jaw, which he reported as throbbing. He reported that it was very difficult for him to eat any hard food and he had been on a soft diet since the accident. He had lost 10 pounds due to difficulty opening his jaw and chewing food. On 05/27/2014, he had sphenopalatine ganglion block. The rationale was for the management of acute migraine, acute cluster headache, and a variety of facial neuralgias and relief of status migrainosus. A clinical note dated 06/04/2014 stated that he had recently returned to physical therapy which resulted in an aggravation of his symptomatology. On 06/04/2014, he had an occipital nerve block for occipital neuralgia headache and related pain. He had also had trigger point injections for myofascial pain. He reported having some pain relief and increased mobility of his jaw after these treatments. There was insufficient documentation to determine an objective or subjective quantifiable degree of relief he had gotten with neither these treatments nor how long the relief lasted. The rationale was explained to support the jaw muscles and related structures and to address his head pain and gain control of his overall pain as it relates to his overall

condition, starting with the sphenopalatine ganglion block. Occipital region tenderness and multiple myofascial findings demanded additional interventional therapies included occipital nerve blocks and trigger point injections. Botulinum toxin was considered for chronic muscle hyperactivity. A request for authorization dated 05/07/2014 was included with the documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Occipital nerve block: 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 Official Disability Guidelines (ODG), Head, Greater occipital nerve block (GONB).

Decision rationale: The request for occipital nerve block is not medically necessary. The Official Disability Guidelines note that occipital nerve blocks are still under study for use in treatment of primary headaches. Studies on the use of greater occipital nerve blocks for treatment of migraine and cluster headaches show conflicting results, and when positive, have found response limited to short term duration. The mechanism of action is not understood, nor is there a standardized method for this modality for treatment of primary headaches. Part of the difficulty arises in that occipital nerve blocks are non-specific. This may result in misidentification of the occipital nerve as the pain generator. The evidence based guidelines do not support the use of occipital nerve blocks. Therefore, this request for occipital nerve block is not medically necessary.

Trigger point injections: Upheld

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 Trigger Point injections Page(s): 122.

Decision rationale: The request for trigger point injections is not medically necessary. California MTUS Guidelines recommend that trigger point injections with a local anesthetic may be recommended for the treatment of chronic low back or neck pain or with myofascial pain syndrome when all of the following criteria are met: Documentation of certain prescribed trigger points with evidence upon palpation of a twitch response, as well as referred pain; Symptoms have persisted for more than 3 months; Medical management therapies such as on-going stretching exercises, physical therapy, NSAIDs and muscle relaxants have failed to control pain. No more than 3 to 4 injections are recommended per session. There are no repeat injections allowed unless a greater than 50% pain relief is obtained for 6 weeks after an injection and there

is documented evidence of functional improvement. Frequency should not be at an interval of less than 2 months and trigger point injections with any substance other than local anesthetic with or without steroid are not recommended. This worker had facial trigger point injections on 06/04/2014. There is no documentation that he failed trials of stretching exercises, NSAIDs, or muscle relaxants. There was no documentation of certain prescribed trigger points with evidence upon palpation of the twitch response as well as referred pain. Based on the diagram in the submitted documents, this worker had 10 trigger point injections in 1 sitting; the recommendation is for no more than 3 or 4 injections per session. There is no documentation that he received greater than 50% pain relief after the injection and that it was sustained for 6 weeks. There was no body part or parts specified as to where these trigger point injections were to have been given. The clinical information submitted fails to meet the evidence based guidelines for trigger point injections. Therefore, the request for trigger point injections is not medically necessary.

sphenopalatine blocks: 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 Official Disability Guidelines (ODG) Pain, Injection with anesthetics and/or steroids and on Other Medical Treatment Guideline or Medical Evidence: Comprehensive Treatment of Chronic Pain by Medical Interventional and Integrative Approaches, American Academy of Pain Medicine, 2013 Sphenopalatine Ganglion Block.

Decision rationale: The request for sphenopalatine blocks is not medically necessary. Per the Official Disability Guidelines, injections consistent with the intent of relieving pain, improving function, decreasing medications and encouraging return to work, should at the very minimum relieve pain to the extent of 50% for a sustained period, and clearly result in documented reduction in pain medications, improved function, and/or return to work. The Official Disability Guidelines do not specifically address sphenopalatine ganglion blocks. The article, Sphenopalatine Ganglion Blocks, in The Treatment of Chronic Pain by Medical Interventional and Integrative Approaches, American Academy of Pain Medicine, 2013, recommends that sphenopalatine ganglion block is a useful technique in the management of pain syndromes in the head region, particularly with migraine headaches. It went on to say that more study is needed to clarify its exact indications and patient characteristics. It is a safe technique with multiple approaches for both provocative testing and even therapeutic intervention with radiofrequency lesioning. It may be administered either orally or nasally. Since more study and randomized control trials are recommended for this procedure and the request did not specify whether this was to be administered orally or nasally, the clinical information submitted fails to meet the evidence based guidelines for sphenopalatine blocks. Therefore, the request for sphenopalatine blocks is not medically necessary.

Botox 1 every 3 months: Upheld

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 Botulinum toxin (Botox; Myobloc) Page(s): 25-26.

Decision rationale: The request for Botox 1 every 3 months is not medically necessary. Per the California MTUS Guidelines, botulinum toxin is not generally recommended for chronic pain disorders, but recommended for cervical dystonia. It is not recommended for migraine headaches, myofascial pain syndrome, and trigger point injections. The request did not specify whether the injections were to have been with botulinum toxin A or botulinum toxin B. Additionally, the location or locations on the body where the injections were to have been given was not specified. The clinical information submitted fails to meet the evidence based guidelines for the use of botulinum toxins; therefore, the request for Botox 1 every 3 months is not medically necessary.