MAXIMUS Federal Services

Case Number:	CM14-0197155		
Date Assigned:	12/05/2014	Date of Injury:	01/27/1995
Decision Date:	02/27/2015	UR Denial Date:	10/28/2014
Priority:	Standard	Application Received:	11/24/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California, Washington
Certification(s)/Specialty: Physical Medicine & Rehabn, Pain Management

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 59-year-old female who reported an injury on 01/27/1995. The mechanism of injury reportedly occurred when the patient was hit in the head by the side railing of a crib. She was diagnosed with posttraumatic headaches. Her past treatments were noted to include medications, acupuncture therapy, Botox injections, trigger point injections, and occipital nerve blocks. On 10/27/2014, the patient was in for a followup regarding her head and facial pain. Upon physical examination, she was noted to have tenderness in upper quarter muscles and active trigger activity noted in the multiple regions of the head, face, neck, and shoulders. She was also noted to have limited range of motion in rotation and side bending of the neck. Her current medications were not provided. The treatment plan included injections, which allow the patient to remain active in her work schedule; acupuncture therapy; and replacement of intraoral appliances. A Request for Authorization was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trigeminal Nerve Block Monthly x 3: 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 Other Medical Treatment Guideline or Medical Evidence: http://emedicine.medscape.com/article/2040595-overview

Decision rationale: The request for trigeminal nerve block monthly x 3 is not medically necessary. The Medscape literature indicates trigeminal nerve blocks provides hemifacial anesthesia and are used predominantly in the diagnosis and treatment of neuralgia. Medscape states that trigeminal nerve blocks are indicated for treatment of trigeminal neuralgia, diagnostic testing, recalcitrant Herpes zoster, and Postherpetic neuralgia. The clinical documentation does not provide evidence of a diagnosis of trigeminal neuralgia, recalcitrant Herpes zoster, or Postherpetic neuralgia. Additionally, the request as submitted is for 3 injections and there should be evidence of significant improvement with the first injection initially. Given the above information, the request is not supported by the guidelines. As such, the request is not medically necessary.