

Case Number:	CM14-0197169		
Date Assigned:	01/07/2015	Date of Injury:	01/27/1995
Decision Date:	04/03/2015	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, Indiana, New York
Certification(s)/Specialty: Internal Medicine

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 with an industrial injury dated 01/27/1995 when an infant crib fell. Her diagnoses include post-traumatic headaches with myofascial pain. No recent diagnostic testing was submitted or discussed. Previous treatments have included conservative care, medications, acupuncture, and Botox injections. In a progress note dated 09/25/2014, the treating physician reports migraines and decreased neck pain. The objective examination revealed active frontal and temporal region activity, and underwent an occipital nerve block. On 10/27/2014, the objective examination revealed progressive tenderness in the upper quarter muscles and active trigger activity in multiple regions of the head, face, neck and shoulders. The treating physician is requesting sphenopaltine block monthly times 3 which was denied by the utilization review. On 10/28/2014, Utilization Review non-certified a request for sphenopaltine block monthly times 3, noting that the sphenopaltine blocks are considered experimental and investigational in the treatment of occipital neuralgia and other types of headaches. The MTUS Guidelines were cited. On 11/24/2014, the injured worker submitted an application for IMR for review of sphenopaltine block monthly times 3.

IMR ISSUES, DECISIONS AND RATIONALES

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

Sphenopaltine 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 Aetna Clinical Bulletin Policy.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head section, Sphenopalatine nerve block.

Decision rationale: Pursuant to the Official Disability Guidelines, sphenopalatine ganglion nerve block is not medically necessary. Sphenopalatine ganglion nerve block (SPG) is not recommended until there are higher quality studies. There is only one limited trial. See the guidelines for additional details. In this case, the injured worker's working diagnoses are posttraumatic headache; MFP; TMD; Elevated BMI; and nonindustrial hip pain confirmed arthritis. There is no clinical documentation of migraine headache in the medical record. The documentation shows the injured worker received injections on August 4, 2014, September 25, 2014 and October 27, 2014. The injections included Botox, trigger point injections and an occipital block. Botox is not indicated for postherpetic headache. The indication for trigger point injections in this injured worker is unclear from the documentation. Occipital blocks are not recommended. There is no documentation of objective functional improvement with the injections. An SPG block is not recommended. Consequently, absent compelling clinical documentation to support the use of an SPG block with no guideline recommendations, sphenopalatine ganglion nerve block is not medically necessary.