

<b>Case Number:</b>	CM15-0136011		
<b>Date Assigned:</b>	07/24/2015	<b>Date of Injury:</b>	03/06/2012
<b>Decision Date:</b>	08/25/2015	<b>UR Denial Date:</b>	07/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/14/2015

### 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: Indiana, Michigan, California  
Certification(s)/Specialty: Family Practice

### 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 56 year old female who on 3/6/2012 experienced a direct blow to the right head, neck and shoulder by a metal head board at work. Diagnoses include occipital neuralgia, myofascial pain syndrome, chronic mixed tension type headaches and cervicogenic headaches. Medication therapy involves Neurontin, Flexeril and Tylenol. Treatment has included occipital nerves blocks. The request is for BMS sessions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**BMS sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional Improvement Measures.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 45 and 47, Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management Page(s): 7.

**Decision rationale:** The BMS sessions that have been requested are not specifically defined. An assumption could be that the BMS requested is the selective, competitive human calcitonin gene

related peptide receptor antagonist though this is not clearly described. This product is not found in MTUS. The ACOEM Practice Guidelines express the need for consideration of comorbid conditions, side effects, cost and efficacy when using medicines in the treatment of pain. The use of BMS sessions is not medically necessary and appropriate as current guidelines do not recognize BMS sessions.