

Case Number:	CM15-0166644		
Date Assigned:	09/04/2015	Date of Injury:	05/02/2005
Decision Date:	10/08/2015	UR Denial Date:	08/12/2015
Priority:	Standard	Application Received:	08/25/2015

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: Florida
 Certification(s)/Specialty: Neurology, 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 56 year old male, who sustained an industrial injury on May 02, 2005. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. The injured worker was diagnosed as having headache, pain in joint involving the lower leg, unspecified myalgia and myositis, thoracic and lumbosacral neuritis with radiculitis unspecified, intervertebral cervical disc disorder with myelopathy to the cervical region, brachial neuritis or radiculitis not otherwise specified, degeneration of the cervical intervertebral disc, post laminectomy syndrome of the cervical region, and cervicgia. Treatment and diagnostic studies to date has included medication regimen, status post cervical fusion, status post left shoulder surgeries, status post right shoulder surgeries, and home exercise program. In a progress note dated July 31, 2015 the treating physician reports complaints of severe headaches, along with pain to the neck, left shoulder, and right knee. Examination reveals tenderness to the cervical paraspinal muscles, decreased range of motion to the cervical spine, decreased strength to the left upper extremity, decreased sensation to the left upper extremity, tenderness to the medial joint line, limited range of motion to the knee, pain with crepitus to the knee, and positive McMurray's testing to the knee. The injured worker's pain level was rated a 10 out of 10 without the use of his medication regimen, the pain level was rated a 2 out of 10 with the use of his medication regimen, and the current pain level was rated a 5 out of 10 during this evaluation. The treating physician also noted that the injured worker's medication regimen allowed the injured worker to be functional with increased mobility, ability to perform activities of daily living, and the ability to perform home exercises. The treating physician requested sphenopalatine blocks due to an increase in migraines that were noted to be located in the peri-ocular region.

IMR ISSUES, DECISIONS AND RATIONALES

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

Sphenopalatine Blocks: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Head - Sphenopalatine ganglion (SPG) blocks for headaches.

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

Decision rationale: The medical records report a condition of migraine headaches. There is no indication of cluster headaches or concern for CRPS in relation to condition. ODG guidelines support sphenopalatine block for sympathetic mediated pain syndromes or cluster headaches. As the medical records do not indicate the presence of CRPS or cluster headaches, sphenopalatine block is not medically necessary.