

Case Number:	CM15-0183995		
Date Assigned:	09/24/2015	Date of Injury:	02/01/2013
Decision Date:	10/30/2015	UR Denial Date:	08/31/2015
Priority:	Standard	Application Received:	09/18/2015

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: 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 33 year old female who sustained an industrial injury on February 01, 2013. Documentation provided showed on February 04, 2015 she was administered a Botox injection including 37 injections to multiple muscles around the face and head. She has subjective complaint of "chronic migraine headaches." There is note of "prior Botox treatment has reduced headache frequency by at least 50% from baseline with reduced headache severity as well." The assessment noted: chronic migraine, refractory without status. A neurology visit dated March 10, 2105 reported abortive treatment Sumatriptan SC with resolution between one and four hours. Current medications consisted of: Imitrex 100mg tablets and Imitrex STAT dose subcutaneous injector. The assessment noted the worker with: chronic migraine without aura with intractable migraine so stated without mention of status migrainous. The plan of care noted continuing with Botox treatment and Sumatriptan SC as needed. Neurologic follow up dated December 15, 2014 reported "chronic migraine". Currently having excellent response to treatments without side effect. Current preventative treatment noted Topamax, and acute treatment of Imitrex both oral and subcutaneous. Medication history to include: Elavil, Inderal, and Topamax. Recent neurologic follow up dated July 29, 2015 reported the worker presenting for Botox injection for chronic migraine, "which has been refractory to prior standard treatments." The plan of care noted: limit all acute medication of any kind to less than two a day use per week. Current medications listed: ZONEGRAN. At neurologic visit dated July 30, 2015 she received bilateral greater occipital nerve block with request for additional nerve block injection

that was noted denied due to guidelines state not effective treatment of chronic tension headaches. On August 31, 2015, Utilization review assessed the case.

IMR ISSUES, DECISIONS AND RATIONALES

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

3rd occipital nerve block: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (OGD), Head, Greater occipital nerve block.

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, Occipital nerve block.

Decision rationale: Pursuant to the Official Disability Guidelines, third occipital nerve block is not medically necessary. Greater occipital nerve blocks are under study for use in treatment of primary headaches. There are conflicting results. In this case, is that the injured worker working diagnosis is chronic migraine without aura with intractable migraine. The date of injury is February 1, 2013. Request for authorization is July 30, 2015. According to a July 29, 2015 progress note, the injured worker has ongoing migraine. The worker has received Botox, Imitrex and Topamax. The injured worker received prior occipital nerve blocks. There are no operative notes or documentation demonstrating objective functional improvement prior occipital nerve blocks. There is no physical examination for neurologic examination in the July 29, 2015 progress note. The guidelines do not recommend occipital nerve blocks as they are under study for use in primary headaches. Based on the clinical information and medical records, peer-reviewed evidence-based guidelines, no objective functional improvement with prior occipital nerve blocks, no objective physical examination or neurologic examination and guideline non-recommendations, third occipital nerve block is not medically necessary.