

<b>Case Number:</b>	CM15-0054814		
<b>Date Assigned:</b>	03/30/2015	<b>Date of Injury:</b>	05/02/2005
<b>Decision Date:</b>	05/12/2015	<b>UR Denial Date:</b>	03/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/23/2015

### 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, District of Columbia, Maryland  
 Certification(s)/Specialty: Anesthesiology, 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 55-year-old male, with a reported date of injury of 05/02/2005. The diagnoses include failed neck syndrome, neck pain, thoracic/lumbosacral, lower leg joint pain, and headache. Treatments to date have included oral medications, cervical fusion, left shoulder surgery, right shoulder surgery, home exercise program, and cervical epidural steroid injection. The progress report dated 03/02/2015 indicates that the injured worker reported worsening headaches, neck pain, left shoulder pain, and right knee pain. He rated his pain 9-10 out of 10 without medications, and 7 out of 10 with medications. His current pain rating was 7 out of 10. It was noted that the prescribed medications kept the injured worker function, allowed for increased mobility, and tolerance of activities of daily living and home exercises. The physical examination showed tenderness to palpation of the cervical paraspinal muscles, decreased cervical range of motion, left cervical spasm, decreased left upper extremity strength, decreased left upper extremity sensation, tenderness over the right medial joint line and limited range of motion, and painful patellofemoral crepitus. The treating physician requested two sphenopalatine blocks due to increased migraine headaches.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Sphenopalatine Blocks due to increase migraine and being Peri-Ocular in nature time 2:**  
 Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-Head Chapter-Sphenopalatine Ganglion (SPG) nerve block for headaches.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Head, Sphenopalatine Ganglion Nerve Block for Headaches.

**Decision rationale:** Per the ODG Guidelines with regard to sphenopalatine ganglion nerve block for headaches: Not recommended until there are higher quality studies. There is only one limited trial. Sphenopalatine ganglion (SPG) block has been suggested as a quick, minimally invasive procedure. A local anesthetic, currently bupivacaine but also lidocaine, is introduced intranasally for topical administration. A new medical device specific for medication delivery to the nasal passageway was recently introduced, the Tx360 nasal applicator developed by [REDACTED] in 2011. The use of bupivacaine (Marcaine) by topical administration is outside the FDA approved routes of administration at this time. Intranasal application of bupivacaine has side effects, including a burning sensation or numbness in the nose or in and around the eyes. Most seriously, it can also produce numbness in the throat, creating a sensation of gagging. If the patient eats or drinks, aspiration in the pharynx, and misdirection of the food into the lungs can readily occur, with the possible consequence of aspiration pneumonia. There is also the possibility of an allergic reaction to bupivacaine and other local anesthetic agents. It is also known that repeated local administration of local anesthetic agents can be toxic to mucosal cells. According to this RCT, SPG blockade with bupivacaine delivered repetitively for 6 weeks with the Tx360 device demonstrates promise as an acute treatment of headache in some subjects with chronic migraine, but further research on sphenopalatine ganglion blockade is recommended. As the requested treatment is not recommended, the request is not medically necessary.