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| Case Number: | CM14-0216923 | | |
| Date Assigned: | 01/06/2015 | Date of Injury: | 02/06/2011 |
| Decision Date: | 03/04/2015 | UR Denial Date: | 12/15/2014 |
| Priority: | Standard | Application Received: | 12/26/2014 |

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 forty-eight year old female who sustained a work-related injury on February 6, 2011. A request for outpatient trigger point injections up to five sites monthly, occipital nerve blocks once per month and Botox administration and injection 100 units once per month was non-certified by Utilization Review (UR) on December 15, 2014. With regard to the request for outpatient trigger point injections, the UR physician utilized the California (CA) MTUS guidelines in the determination. The CA MTUS does not recommend repeat trigger point injections unless fifty percent of pain relief is obtained for six weeks after an injection and if there is documented evidence of functional improvement. Upon review of the documentation submitted for UR, the UR physician found that the amount and duration of pain relief or functional improvement with previous trigger point injections was not documented and therefore medical necessity was not established. With regard to the request for occipital trigger point injections up to five sites monthly, the UR physician Official Disability Guidelines (ODG) in the determination. The ODG consider greater occipital nerve blocks to be under study for treatment of primary headaches and notes that studies on the use of greater occipital nerve blocks for the treatment of migraine and duster headaches show conflicting results and when positive, has found the response limited to a short-term duration. The UR physician found that the documentation submitted for review did not establish the injured worker's previous response to greater occipital nerve blocks and therefore the medical necessity was not established. With regard to the request for Botox administration and injection 100 units once per month, the UR physician utilized the ODG Head Chapter which recommends the use of botulinum toxin for the

prevention of patients with chronic migraine if there has been a failure of at least three prior first-line migraine headache prophylaxis medications and the following specific response criteria are met: frequency reduced by at least 7 days per month when compared to pre-treatment average or the duration was reduced by at least 100 hours per month compared to pre-treatment. The ODG recommends discontinuation of Botox injections if headaches are reduced to less than 15 days per month over three consecutive months. The UR physician found that the submitted documentation did not provide sufficient documentation information concerning previous headache treatments or the response to Botox injections to determine if compliance of the current request per ODG recommends. In addition, the UR physician noted that the ODG would not recommend the use of Botox injections for an indefinite period of time without information concerning duration and amount of response. A request for Independent Medical Review (IMR) was initiated on December 26, 2014. A review of the documentation submitted for IMR included physician's reports from June 9, 2014 through November 24, 2014. On June 9, 2014, the evaluating physician noted that the injured worker reported a decrease in head pain since the previous visit and had only had two to three headaches in the past three weeks with headaches lasting only fifteen minutes. The injured worker reported that her activity level was improving. The physician noted that the injured worker continued to be recurrently symptomatic regarding her post-traumatic headache, her temporomandibular disorder and her neck pain. She had returned to modified work and missed minimal days due to headache. The evaluating physician noted the use of occipital nerve blocks and trigger point injections and Botox injections break through the muscle hyperactivity and the resultant head pain. The injured worker was making steady progress in her home exercise program and demonstrated improved neck and jaw range of motion. The evaluating physician noted that the injured worker would continue to utilize an occipital nerve block and trigger point injection in order that she could maintain her work schedule and both were administered during this visit. During a July 15, 2014 physician's visit the injured worker received an occipital nerve block for occipital neuralgia, headache and related pain. The evaluating physician did not document what specific improvement the injured worker gained from her previous treatment. On July 24, 2014, the injured worker reported an increase in her jaw pain when she ate. She reported improvement in her headache since the previous visit and reported that the previous injection series was extremely helpful. She continued to report difficulty with muscles in the face, head, neck and occipital region. She received an occipital nerve block, trigger point injection, Botox injection, sphenopalatine ganglion block and a Toradol injection during the visit. On October 16, 2014, the injured worker reported she had a headache two days since her previous evaluation and was using medication, ice and rest for treatment. She reported the Nyloxin trial was helpful and the sphenopalatine ganglion block helped to break the cycle of pain. Evaluations from November 10, 2014 and November 24, 2014 indicated the injured worker had two migraine headaches and that her Nyloxin therapy was working well. The physician noted an excellent response to the trigger point injections, occipital nerve blocks and the Botox injections. There was no specific documentation to the changes in the frequency, duration, intensity of the injured worker's symptoms documented as related to the therapies.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trigger point injections, up to 5 sites monthly: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger point injections.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger point injections Page(s): 122.

Decision rationale: The patient presents with jaw and head pain. The request is for TRIGGER POINT INJECTIONS UP TO 5 SITES MONTHLY. Per progress report dated 06/09/14, the patient's treatment included Botox, trigger point, and occipital nerve block injections. Patient's diagnosis on 11/24/14 included post traumatic headache, Botox responsive, MFP, Occipital neuralgia, TMD, and other migraine. Per report dated 07/24/14, patient states that previous injection series was extremely helpful and she feels that she is again on track. Per report dated 08/21/14, patient has responded well to Imitrex and Nyloxin as well. The patient is back to work on modified duty. MTUS Guidelines, page 122, CHRONIC PAIN MEDICAL TREATMENT GUIDELINES support trigger point injections for "Documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain"; radiculopathy is not present, maximum of 3-4 injections per session, and for repeat injections, documentation of "greater than 50% pain relief is obtained for six weeks after an injection and there is documented evidence of functional improvement." "Frequency should not be at an interval less than two months." Per progress report dated 06/09/14, the patient reports a decrease in her head pain since her last visit and only has had 2-3 headaches in the past 3 weeks and that the headaches only lasted 15 minutes. In this case, the patient, on several occasions, has reported experiencing significant functional improvement such as ability to return to work as a result of a successful TPI treatment plan. However, the request is for monthly injections. MTUS require pain reduction with functional improvement for at least 6 weeks before repeat injection can be allowed and frequency should not be less than at an interval of 2 months. The request IS NOT medically necessary.

Occipital nerve blocks, once monthly: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Head chapter, Greater occipital nerve block (GONB)

Decision rationale: The patient presents with jaw and head pain. The request is for OCCIPITAL NERVE BLOCKS MONTHLY. Per progress report dated 06/09/14, the patient's treatment included Botox, trigger point, and occipital nerve block injections. Patient's diagnosis on 11/24/14 included post traumatic headache, Botox responsive, MFP, Occipital neuralgia, TMD, and other migraine. Per report dated 07/24/14, patient states that previous injection series was extremely helpful and she feels that she is again on track. Per report dated 08/21/14, patient has responded well to Imitrex and Nyloxin as well. The patient is back to work on modified duty. ODG Guidelines, Head chapter, Greater occipital nerve block (GONB) states: "Under study

for treatment of occipital neuralgia and cervicogenic headaches. There is little evidence that the block provides sustained relief, and if employed, is best used with concomitant therapy modulations." In this case, the patient has been diagnosed with occipital neuralgia and is being treated with Imitrex and Nyloxin concurrently. In addition, the patient has reportedly experienced significant functional improvement such as ability to return to work as a result of a successful GONB treatment plan. However, ODG states there is little evidence that these blocks provide sustained relief and should not be used in isolation. The current request is for monthly injections and there is no support in any guidelines repeated injections on a monthly basis. The request IS NOT medically necessary.

Botox administration and injection, 100 units a month: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Head Chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Botulinum toxin (Botox; Myobloc) Page(s): 25-26.

Decision rationale: The patient presents with jaw and head pain. The request is for BOTOX ADMINISTRATION AND INJECTION 100 UNITS ONCE MONTHLY. Per progress report dated 06/09/14, the patient's treatment included Botox, trigger point, and occipital nerve block injections. Patient's diagnosis on 11/24/14 included post traumatic headache, Botox responsive, MFP, Occipital neuralgia, TMD, and other migraine. Per report dated 07/24/14, patient states that previous injection series was extremely helpful and she feels that she is again on track. Per report dated 08/21/14, patient has responded well to Imitrex and Nyloxin as well. The patient is back to work on modified duty. The patient is back to work on modified duty. MTUS Guidelines, pages 25-26, CHRONIC PAIN MEDICAL TREATMENT GUIDELINES: Botulinum toxin (Botox; Myobloc) Not recommended for the following: tension-type headache; migraine headache; fibromyositis; chronic neck pain; myofascial pain syndrome; & trigger point injections. Not generally recommended for chronic pain disorders, but recommended for cervical dystonia. Per progress report dated 06/09/14, the patient's treatment included Botox, trigger point, and occipital nerve block injections. While the patient does report good response with Botox and trigger point injections, MTUS does not support Botox injections for post traumatic and migraine headaches; per patient's diagnosis. Furthermore, there is no documentation of cervical dystonia, for which Botox injections would be indicated. Therefore, the request IS NOT medically necessary.