

Case Number:	CM15-0015319		
Date Assigned:	02/03/2015	Date of Injury:	12/15/2011
Decision Date:	03/24/2015	UR Denial Date:	01/21/2015
Priority:	Standard	Application Received:	01/27/2015

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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & Gen Prev Med

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 was a 54 year old male, who sustained an industrial injury, December 15, 2011. The injured workers chief complaint was daily migraine pain. The injured worker was diagnosed with post-concussive syndrome, chronic daily migraine, sleep disturbances, memory difficulties and visual disturbances. The injured worker previously received the following treatments of nerve blocks, sphenopalatine ganglion blocks and botox injections with a treatment every two weeks, in order to reduce the botox treatments the primary provided suggested a nerve block. The injured worker was relieved of a headache for six days, according to the progress note of January 13, 2015. On January 13, 2015, the primary treating physician requested Sphenopalatine Block times 2. On January 21, 2015, the UR denied authorization for Sphenopalatine Block times 2. The denial was based on the MTUS/ACOEM and ODG guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Sphenopalatine Block x2: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Head (Updated 12/05/14) 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 Head, Sphenopalatine ganglion (SPG) nerve block for headaches

Decision rationale: ODG states "Not recommended until there are higher quality studies." Medical documentation provided does not indicate failure of conservative therapy. The treating physician does not document objective reduction in pain or functional improvement from previous blocks. As such, the request for Sphenopalatine Block x2 is not medically necessary.