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| Case Number: | CM15-0123098 | | |
| Date Assigned: | 07/07/2015 | Date of Injury: | 04/27/2011 |
| Decision Date: | 07/31/2015 | UR Denial Date: | 06/17/2015 |
| Priority: | Standard | Application Received: | 06/25/2015 |

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 53-year-old male who sustained an industrial injury on 04/27/11. He reports head injury with loss of consciousness after being struck on his head. Radiographic imaging revealed a fractured skull on the left, and fractured right cheek bone. He had lacerations to his right ear and right eyebrow. Treatments to date include neurology evaluation, Botox injections, dental evaluation, and facial laser treatment. Current diagnoses include history of blunt head trauma, temporal skull fracture on the left, facial fracture on the right, occipital neuralgia, and hypertension. In a progress note dated 05/15/15, the injured worker reports ongoing headaches, dizziness, blurred vision, and pain to the back of the head rated as a 6 on a 10 point pain scale. He has anxiety, stress, depression, and difficulty sleeping due to chronic pain and disability status. He has fatigue, lack of concentration and memory with weight gain due to decreased activity level. Physical examination is remarkable for tenderness to palpation over the cervical paravertebral, trapezius, deltoid, rhomboid area with mild spasm. There is tenderness over the occiput and palpation reproduces his radiating pain and headache. The injured worker reports Botox injections for his headaches have been beneficial, and has been only taking over-the-counter medications. Plan of care includes Topamax and bilateral occipital nerve injections. The injured worker is under total temporary disability. Date of Utilization Review: 06/17/15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral occipital nerve injections: Overturned

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 block (GONB).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head (trauma, headaches, etc., not including stress & mental disorders), Greater occipital nerve block (GONB).

Decision rationale: The claimant sustained a work injury in April 2011 and was seen for an initial pain management evaluated on 05/15/15. He was having ongoing headaches and pain over the back of his head. Physical examination findings included bilateral occipital tenderness with reproduction of radiating headache symptoms. There was mild trapezius, deltoid, rhomboid, and paravertebral tenderness with muscle spasms. Authorization for bilateral occipital blocks was requested. Prior treatments have included multiple Botox injections by a neurologist with reported benefit. Guidelines indicate that a greater occipital nerve block may have a role in differentiating between cervicogenic headaches, migraine headaches, and tension-headaches. In this case, the claimant has ongoing headaches that are likely multifactorial and physical examination findings consistent with greater occipital neuralgia. The requested procedure is within guideline recommendations and medically necessary.