MAXIMUS Federal Services

Case Number:	CM15-0177288		
Date Assigned:	09/18/2015	Date of Injury:	12/15/2011
Decision Date:	10/20/2015	UR Denial Date:	09/02/2015
Priority:	Standard	Application Received:	09/09/2015

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: Maryland
Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 54 year old male, who sustained an industrial injury on December 1, 2011. The injured worker was being treated for post-concussion syndrome, chronic daily migraine, and traumatic brain injury. On July 7, 2015, the injured worker reports ongoing daily headaches with migrainous exacerbations, which is worsening over the prior 2 weeks. He has had a return of severe headaches with migrainous features, phonophobia, and sometimes throbbing. His headache free days equal 23. He rated his pain 6 out of 10, which is relieved by Cambia. Stress and environment exacerbate the pain. The physical exam (July 7, 2015) reveals tenderness to palpation of the upper trapezius, cervical paraspinal muscles, and occipital ridge. The neurological and cranial nerve exams were normal. Per the treating physician (April 6, 2015 report), noted that the SPECT scan of the brain from April 8, 2014 revealed findings "most consistent with the scientific literature pertaining to traumatic brain injury and the patient's clinical history." Treatment has included physical therapy, acupuncture, psychotherapy, Botox injections every 2 weeks, nerve blocks, sphenopalatine ganglion (SPG) blocks every 2 weeks, and medications including anti-epilepsy, muscle relaxant, antidepressant, calcium channel and beta blockers, anti-migraine, and non-steroidal anti-inflammatory. The requested treatments included a nerve block. On September 2, 2015, the original utilization review non-certified a request for a nerve block.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nerve block: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back (Acute & Chronic), Greater Occipital Nerve Block, (Updated 6/25/2015).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Introduction.

Decision rationale: Nerve block is not medically necessary per the MTUS Guidelines as written. The MTUS states that when choosing an invasive procedure to treat a specific chronic pain problem, a complex judgment is necessary to make sure that the desired and expected outcome is worth the risk involved, depending on the procedure and individual risk factors. The MTUS states that the selection of treatment must be tailored for the individual case. Whether the treatment is provided by an individual provider, a multidisciplinary group of providers, or tightly integrated interdisciplinary pain program, it is important to design a treatment plan that explains the purpose of each component of the treatment. Furthermore, demonstration of functional improvement is necessary at various milestones in the functional restoration program in order to justify continued treatment. The request as written cannot be certified as medically necessary without a specific location for the block and laterality of the requested nerve block. Without a specific request the nerve block request is not medically necessary.