

Case Number:	CM15-0178381		
Date Assigned:	09/18/2015	Date of Injury:	09/30/2014
Decision Date:	11/10/2015	UR Denial Date:	09/04/2015
Priority:	Standard	Application Received:	09/10/2015

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: Texas, Florida, California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 33 year old female, who sustained an industrial injury on 09-30-2014. She has reported injury to the head. The diagnoses have included closed head injury; cervicogenic headache; occipital neuralgia; cervical sprain and strain; myofascial pain; and post-concussive syndrome. Treatment to date has included medications, diagnostics, heat, ice, physical therapy, psychotherapy, and occipital nerve block. Medications have included Gabapentin, Indocin, Topamax, Nortriptyline, and Lyrica. A progress report from the treating provider, dated 07-23-2015, documented an evaluation with the injured worker. The injured worker reported that she has not seen any improvement in her headache; the headache is described as dull, sharp, burning, throbbing, pins and needles, tingling, and numbness; the pain is rated at 6 out of 10 in intensity; she describes different kinds of headache; there is a constant occipital area of headache, which increases in cervical rotation or movement; there is frontal headache and this occurs on a daily basis which is more pulsating in nature; there is another third headache, which feels like a stabbing pain, occurring over the parietal areas; she complains of dizziness and her sleep is disturbed; she has pain with sitting, driving, an looking side to side; hot showers, ice, and pinching her muscles help her with the pain; she has been off work; and she reports that she had good results for the occipital nerve block and would like to repeat this. Objective findings included she is in no acute distress; elevated blood pressure; there is tenderness in the mastoid area bilaterally, more on the right side than on the left; there is also tenderness over the temporal area; cranial nerves are intact; and cervical spine ranges of motion are decreased with forward flexion, extension, and right and left lateral rotation. The treatment

plan has included the request for occipital nerve block quantity: 1.00; and Botox injection quantity: 1.00. The original utilization review, dated 09-04-2015, non-certified the request for occipital nerve blocks quantity: 1.00; and Botox injection quantity: 1.00.

IMR ISSUES, DECISIONS AND RATIONALES

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

Occipital nerve block Qty: 1.00: 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 - Greater occipital nerve block (GONB).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, neck, occipital blocks.

Decision rationale: The current California web-based MTUS collection was reviewed in addressing this request. They are silent, so ODG was examined. Under diagnostic occipital nerve blocks, the ODG notes that it is still "under study". Further, there was little to no consensus as to what injection technique should be utilized and lack of convincing clinical trials to aid in this diagnostic methodology. Likewise, under therapeutic occipital nerve blocks, the ODG again cites they are "under study" for treatment of occipital neuralgia and cervicogenic headaches. There is little evidence that the block provides sustained relief. Current reports of success are limited to small, non-controlled case series. As the technique is under study, it is not prudent to use it on this claimant unless it is fully proven effective. The request was appropriately non-certified under the evidence-based guides.

Botox injection Qty: 1.00: 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 - Botulinum toxin for spasticity (following TBI).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Botulinum toxin (Botox Myobloc).

Decision rationale: 8 C.C.R.9792.20- 9792.26 MTUS (Effective July 18, 2009). Page 25 of 127. The MTUS notes regarding Botox: Not recommended for the following: tension-type headache; migraine headache; fibromyositis; chronic neck pain; myofascial pain syndrome; & trigger point injections. Several recent studies have found no statistical support for the use of Botulinum toxin A (BTXA) for any of the following: The evidence is mixed for migraine headaches. This RCT found that both botulinum toxin type A (BoNTA) and divalproex sodium (DVPX) significantly reduced disability associated with migraine, and BoNTA had a favorable tolerability profile compared with DVPX. (Blumenfeld, 2008) In this RCT of episodic migraine patients, low-dose injections of BoNTA into the frontal, temporal, and/or glabellar muscle regions were not more effective than placebo. (Saper, 2007). Botulinum neurotoxin is probably

ineffective in episodic migraine and chronic tension-type headache (Level B). (Naumann, 2008)- Myofascial analgesic pain relief as compared to saline. (Qerama, 2006)- Use as a specific treatment for myofascial cervical pain as compared to saline. (Ojala, 2006)(Ferrante, 2005) (Wheeler, 1998)- Injection in myofascial trigger points as compared to dry needling or local anesthetic injections. (Kamanli, 2005) (Graboski, 2005). Based on the evidence-based review, the request is not certifiable for the headaches the claimant reports.