

Case Number:	CM15-0066739		
Date Assigned:	04/14/2015	Date of Injury:	04/09/2001
Decision Date:	05/18/2015	UR Denial Date:	03/10/2015
Priority:	Standard	Application Received:	04/07/2015

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: New York, Tennessee
 Certification(s)/Specialty: Emergency 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 57 year old male who sustained an industrial injury on 04/09/2001. Current diagnosis includes chronic migraine headache without aura without mention of intractable migraine without mention of status migrainosus. Previous treatments included medication management, and Botox injections. Report dated 02/13/2015 noted that the injured worker presented with complaints that included migraine headaches. Pain level was rated as 6-7 out of 10 on the visual analog scale (VAS) after prior Botox injections. Physical examination was negative for abnormal findings. The treatment plan included Toradol injection, prior authorization for nerve blocks for 8-10 weeks following post Botox injection, continue with Botox, add magnesium oxide, new prescription for Cambia and Zanaflex, and follow up in 8 weeks. Disputed treatment includes 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: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Head chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Neck, Greater occipital nerve block, therapeutic.

Decision rationale: In this case, documentation supports the request for occipital and trigeminal nerve block for severe headaches headache. Greater occipital nerve blocks are 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. Current reports of success are limited to small, non-controlled case series. Although short-term improvement has been noted in 50-90% of patients, many studies only report immediate post injection results with no follow-up period. In addition, there is no gold-standard methodology for injection delivery, nor has the timing or frequency of delivery of injections been researched. Limited duration of effect of local anesthetics appears to be one factor that limits treatment and there is little research as to the effect of the addition of corticosteroid to the injectate. The lack of evidence does not allow determination of efficacy or safety. Occipital nerve block is not recommended. Trigeminal nerve blocks are used for treatment of trigeminal neuralgia. Documentation in the medical record does not support the diagnosis of trigeminal neuralgia. Trigeminal nerve block is not indicated. The request should not be authorized and is not medically necessary.