

<b>Case Number:</b>	CM15-0079972		
<b>Date Assigned:</b>	04/30/2015	<b>Date of Injury:</b>	05/02/2005
<b>Decision Date:</b>	06/01/2015	<b>UR Denial Date:</b>	04/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/27/2015

### 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: Arizona, California Certification(s)/Specialty: Family Practice

### 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 56-year-old male who sustained an industrial injury on 5/2/05. The diagnoses have included depression, anxiety, headache, pain in joint of lower leg, myalgia and myositis, thoracic/lumbosacral neuritis/radiculitis, intervertebral cervical disc with myelopathy, cervical degenerative disc disease (DDD) post laminectomy syndrome cervical region and cervicgia. Treatment to date has included medications, surgery, cervical epidural steroid injections (ESI), psychiatric, and home exercise program (HEP). The current medications included MS Contin, Fioricet, Trazadone, Zoloft and Xanax. Currently, as per the physician progress note dated 3/31/15, the injured worker returns to the pain clinic for ongoing monitoring due to history of failed neck syndrome with chronic cervical symptoms as well as chronic headaches. He denies and significant changes in his neck and radicular complaints. He reports worsening headaches, neck, left shoulder and right knee pain. He reports severe migraine that lasted 8 days with no relief from medications. He also reports the migraines and headaches are more frequent with severe nausea and vomiting. He has trialed and failed over the counter nausea medications and states that the current medications continue to provide relief. He states that the average pain without medications is rated 9-10/10 on pain scale, with medications is rated 7/10 and current rating was 7/10. He states that the medications allow him to function and tolerate activities of daily living (ADL) and home exercise program (HEP). The physician requested treatment included Spheenoopalatine blocks due to increased migraines that were peri-ocular in nature.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Sphenopalatine blocks:** 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, 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 Headache. 2015 Apr; 55(4):529-42. doi: 10.1111/head.12546. Epub 2015 Mar 31. Long-Term Efficacy of a Double-Blind, Placebo-Controlled, Randomized Study for Repetitive Sphenopalatine Blockade With Bupivacaine vs. Saline With the Tx360(®) Device for Treatment of Chronic Migraine. Cady RK1, Saper J, Dexter K, Cady RJ, Manley HR. ODG- Head and Triptans. pg 34.

**Decision rationale:** According to the referenced literature, there may be long-term clinical benefits with the use of repetitive SPG blockades. These include a sustained reduction of headache days and improvement in several important quality of life assessments. The SPG blockades were not associated with any significant or lasting adverse events. In this case, the claimant had a high level of pain and failed conservative treatments. However, there is no mention of failure of Triptans, which have long-term efficacy and studies to support their use. Although SPG may be appropriate if Triptans have failed, the present request is not justified and not medically necessary.