

cc: Department of Industrial Relations, [REDACTED]
[REDACTED]

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Georgia. 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 physician 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/services.

DOCUMENTS REVIEWED

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]

CLINICAL CASE SUMMARY

The physician reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The claimant is a 58-year-old female presenting with chronic neck and back pain following a work related injury. The claimant was diagnosed with chronic cervicalgia, lumbar facet arthropathy, bilateral upper and lower extremity radicular referred pain, recurrent myofascial strain, fibromyalgia, recurrent cervicogenic headaches and left more than right occipital neuralgia. The claimant's physical exam was significant for diminished sensation in the left and right upper extremity and minor weakness in the C5 dermatome in both upper extremities. The provider recommended a left occipital nerve block.

IMR DECISION(S) AND RATIONALE(S)

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

1. Left occipital nerve block is not medically necessary and appropriate.

The Claims Administrator based its decision on the Official Disability Guidelines (ODG), Greater occipital nerve block, diagnostic, and the Official Disability Guidelines (ODG), Greater occipital nerve block, therapeutic, which is not part of the MTUS.

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, which is part of the MTUS, and the Ashkenazi, Avi et al. Greater Occipital Nerve Blocks for Migraine and Other Headaches: Is it Useful? *Current Pain and Headache Reports*, 2007; 11(3) pp 231-235, which is not part of the MTUS.

The Physician Reviewer's decision rationale:

The Chronic Pain Guidelines do not specifically address this intervention; however, for treatment of primary headaches, the Chronic Pain Guidelines indicate that when performing interventional procedures concurrently, this would alter the diagnostic value of the treatment. In this case, the provider has recommended a cervical epidural steroid injection and occipital nerve blocks to be performed concurrently for the history of recurrent cervicogenic headaches. Given the fact that the treatment regimen for the employee is contradictory to the guidelines Protocol, the request for occipital nerve block is not appropriate. **The request for left occipital nerve block is not medically necessary and appropriate.**

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