

**MAXIMUS FEDERAL SERVICES, INC.**

Independent Medical Review

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**Notice of Independent Medical Review Determination**

Dated: 11/19/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/15/2013
Date of Injury:	11/21/1991
IMR Application Received:	8/2/2013
MAXIMUS Case Number:	CM13-0006391

- 1) MAXIMUS Federal Services, Inc. has determined the request for **cervical facet medial branch block C2-3 is medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **diagnostic occipital nerve block C2-3 is not medically necessary and appropriate.**

## INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/2/2013 disputing the Utilization Review Denial dated 7/15/2013. A Notice of Assignment and Request for Information was provided to the above parties on 8/29/2013. A decision has been made for each of the treatment and/or services that were in dispute:

- 1) MAXIMUS Federal Services, Inc. has determined the request for **cervical facet medial branch block C2-3 is medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **diagnostic occipital nerve block C2-3 is not medically necessary and appropriate.**

### **Medical Qualifications of the Expert Reviewer:**

The independent Medical Doctor who made the decision has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. 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 treatments and/or services at issue.

### **Expert Reviewer Case Summary:**

The patient is a 66 Y, F with date of injury 11/21/91. The patient has diagnoses of C2-C3 occipital neuralgia; carpal tunnel; history of osteoarthritis; cervical facet arthropathy; history of complex regional pain syndrome of upper extremities. The medical report dated 6/19/13 by Dr. [REDACTED] MD noted that the patient complained of headache and paresthesias at the right upper extremity. Exam findings included tenderness over the occipital nerves. The medical report dated 3/26/13 by Dr. [REDACTED] MD noted that the patient had tenderness to palpation of the C2-C3 occipital nerve bilaterally and there was neck pain on axial loading. It was noted that the patient had physical therapy recently that was helping and was stopped. There was no discussion of a home exercise program. The treatment requested was cervical facet medial branch block C2-3 (i.e. third occipital block), and diagnostic occipital nerve block C2-3.

### **Documents Reviewed for Determination:**

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

- Application of Independent Medical Review
- Utilization Review Determination
- Medical Records from Claims Administrator
- Medical Treatment Utilization Schedule (MTUS)

**1) Regarding the request for cervical facet medial branch block C2-3:**

Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the Official Disability Guidelines (ODG), which is not a part of MTUS.

The Expert Reviewer found that no section of the MTUS was applicable. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Expert Reviewer based his/her decision on the Official Disability Guidelines (ODG), which is not a part of MTUS.

Rationale for the Decision:

The employee has diagnoses of C2-C3 occipital neuralgia; carpal tunnel; history of osteoarthritis; cervical facet arthropathy; history of complex regional pain syndrome of upper extremities. The medical report dated 3/26/13 noted that the employee had tenderness to palpation of the C2-C3 occipital nerve bilaterally and there was neck pain on axial loading. It was noted that the employee had physical therapy recently that was helping and was stopped. MTUS does not have a relevant reference for this request. This case does appear to meet the ODG guideline criteria for cervical facet blocks. **The request for cervical facet medial branch block C2-3 is medically necessary and appropriate.**

**2) Regarding the request for diagnostic occipital nerve block C2-3:**

Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the Official Disability Guidelines (ODG), which is not a part of MTUS.

The Expert Reviewer found that no section of the MTUS was applicable. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Expert Reviewer based his/her decision on the Official Disability Guidelines (ODG), which is not a part of MTUS.

Rationale for the Decision:

The employee has diagnoses of C2-C3 occipital neuralgia; carpal tunnel; history of osteoarthritis; cervical facet arthropathy; history of complex regional pain syndrome of upper extremities. The medical report dated 6/19/13 noted that the employee complained of headache and paresthesias at the right upper extremity. MTUS does not have a relevant reference for this request. ODG does not support diagnostic occipital nerve blocks. **The request for diagnostic occipital nerve block C2-3 is not medically necessary and appropriate.**

**Effect of the Decision:**

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the final determination of the Administrative Director, Division of Workers' Compensation. With respect to the medical necessity of the treatment in dispute, this determination is binding on all parties.

In accordance with California Labor Code Section 4610.6(h), a determination of the administrative director may be reviewed only if a verified appeal is filed with the appeals board for hearing and served on all interested parties within 30 days of the date of mailing of the determination to the employee or the employer. The determination of the administrative director shall be presumed to be correct and shall be set aside only upon proof by clear and convincing evidence of one or more of the grounds for appeal listed in Labor Code Section 4610.6(h)(1) through (5).

Sincerely,

Paul Manchester, MD, MPH,  
Medical Director

cc: Department of Industrial Relations  
Division of Workers' Compensation  
1515 Clay Street, 18<sup>th</sup> Floor  
Oakland, CA 94612

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Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.