

Case Number:	CM13-0008541		
Date Assigned:	09/06/2013	Date of Injury:	04/10/2012
Decision Date:	01/13/2014	UR Denial Date:	07/29/2013
Priority:	Standard	Application Received:	08/08/2013

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 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 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.

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 underlying date of injury in this case is 04/10/2012. The treating diagnoses in this case have included neck pain with left upper limb pain, C4-5 and C5-6 disc protrusion with C5-6 neuroforaminal narrowing, history of migraine headaches, and stable bipolar disorder. Additional diagnoses have included cervical facet arthropathy, cervical neuralgia, occipital neuralgia, myofascial pain syndrome, and fibromyalgia. An initial physician review recommended non-certification of the request for two retrospective greater occipital nerve blocks.

IMR ISSUES, DECISIONS AND RATIONALES

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

(Retrospective) Bilateral greater occipital nerve block: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Therapeutic greater occipital nerve block treatment..

Decision rationale: The ACOEM guidelines, chapter8/neck, page 174, states, "Invasive procedures have no proven benefit on neck and upper back symptoms." Therefore, the guidelines do not clearly support probable benefit from the proposed injections. Additionally, I note that the Official Disability Guidelines/treatment of Workers' Compensation/neck states regarding therapeutic greater occipital nerve block treatment, "There is little evidence that the block

provides sustained relief, and if employed is best used with concomitant therapy modulations." The guidelines therefore do not support an indication for greater occipital nerve blocks as have been requested in this case. This request is not medically necessary. Disclaimer: MAXIMUS