

Case Number:	CM13-0011462		
Date Assigned:	12/04/2013	Date of Injury:	04/15/2010
Decision Date:	04/09/2014	UR Denial Date:	08/08/2013
Priority:	Standard	Application Received:	08/14/2013

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. The expert reviewer is Board Certified in Physical Medicine & 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 disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

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

According to the records made available for review, this is a 66-year-old male with a 4/15/10 date of injury. At the time of request for authorization for bilateral occipital nerve block under micromax ultrasound under monitored anesthesia, there is documentation of subjective (headaches and neck pain) and objective (tenderness to palpation of the cervical facets, pain with flexion and extension of the cervical spine, and trigger points in the cervical and occipital region) findings, current diagnoses (cervicalgia, degeneration of the cervical intervertebral discs, and headaches), and treatment to date (medication, acupuncture, chiropractic therapy, and TENS (Transcutaneous electrical nerve stimulation) unit).

IMR ISSUES, DECISIONS AND RATIONALES

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

BILATERAL OCCIPITAL NERVE BLOCK UNDER MICROMAX ULTRASOUND UNDER MONITORED ANESTHESIA: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Head Chapter; Neck & Upper Back Chapter, Greater occipital nerve block.

Decision rationale: The MTUS does not address this issue. The Official Disability Guidelines (ODG) identifies that greater occipital nerve blocks are under study for use in treatment of primary headaches, occipital neuralgia, and cervicogenic headaches. Therefore, based on guidelines and a review of the evidence, the request for bilateral occipital nerve block under micromax ultrasound under monitored anesthesia is not medically necessary.