

<b>Case Number:</b>	CM13-0012633		
<b>Date Assigned:</b>	01/31/2014	<b>Date of Injury:</b>	09/06/2010
<b>Decision Date:</b>	05/20/2014	<b>UR Denial Date:</b>	07/12/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/12/2013

### 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 Occupational Medicine 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:

The patient has submitted a claim for chronic cervical pain associated with an industrial injury date of September 6, 2010. The treatment to date has included chiropractic treatment, opioids and non-opioids pain medications, physical therapy, home exercise program, and thoracic nerve block. A utilization review from July 12, 2013 denied the retro-request for dates 1/16/13- 2/13/13 Greater Occipital Nerve Block. Medical records from 2012 through 2013 were reviewed showing the patient having a flare up of her cervical pain with headaches, radiating up to the posterior part of her head indicative of a greater occipital neuralgia. Pain medications and physical medicine modalities have not significantly relieved the pain. Physical exam demonstrated normal range of motion for the cervical spine with tenderness over the left greater occipital area. The patient had received a greater occipital nerve block in January 2013 which lasted for 3 weeks. The response to the greater occipital nerve block done in February 2013 was not documented clearly.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**RETRO DATES 1/16/13- 2/13/13 GREATER OCCIPITAL NERVE BLOCK:** 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), Greater Occipital Nerve Block (GONB).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) NECK AND UPPER BACK, GREATER OCCIPITAL NERVE BLOCK, THERAPEUTIC

**Decision rationale:** Greater occipital nerve blocks are not covered in the California MTUS guidelines. The Official Disability Guidelines (ODG), Neck and Upper Back chapter was used instead. The ODG states that greater occipital nerve blocks are currently under study for use in treating occipital neuralgia and cervicogenic headaches. In this case, the patient had cervical pain with radiation into the greater occipital area which was not alleviated with medications and physical medicine. The injection was given as a therapeutic intervention which only resulted in 3 weeks of pain relief. The second injection did not have a documented outcome. There was no discussion concerning this treatment procedure as it is still under study and not widely accepted. The functional outcome was also not clearly elaborated. Therefore, the request for retro dates 1/16/13- 2/13/13 Greater Occipital Nerve Block is not medically necessary.