

Case Number:	CM13-0013341		
Date Assigned:	06/06/2014	Date of Injury:	06/22/2010
Decision Date:	07/11/2014	UR Denial Date:	07/15/2013
Priority:	Standard	Application Received:	08/19/2013

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 and Rehabilitation and is licensed to practice in Illinois. 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 injured worker is a 63-year-old female with a reported date of injury on 06/22/2013. The mechanism of injury was not provided within the documentation available for review. The injured worker presented with tenderness over the right occipital notch, causing pain that radiated across her skull. Physical examination revealed normal strength to the bilateral upper and lower extremities, lumbar flexion to 45 degrees and extension to 20 degrees. In addition, the injured worker's cervical spine range of motion revealed flexion to 50 degrees and extension to 30 degrees. The documentation dated 07/08/2013 stated that the injured worker had a right greater occipital steroid injection previously which provided her with significant relief of pain and relief of headaches, but only for a short period of time. According to the clinical note dated 09/12/2013, the injured worker previously received a cortisone injection to the right shoulder which was effective in decreasing her pain to 3/10. According to the clinical note dated 06/09/2014, the physician stated that injured worker underwent an occipital nerve block approximately one year prior which provided relief for approximately 10 months, decreasing her head and neck pain by approximately 80%. Within the clinical note dated 06/09/2014, the physician indicated the occipital nerve block was extremely effective in improving the injured worker's functional ability and range of motion. In addition, the physician indicated a cervical MRI and EMG was performed, which were indicated to support the injured worker's cervical and radicular injuries; however, the official reports were not provided in the documentation available for review. The injured worker's diagnoses included status post head injury with vertigo, fall secondary to vertigo causing a fracture of the distal ulna, C2-7 disc bulges with right chronic C6 radicular pain, and right rotator cuff injury related to multiple falls. The injured worker's medication regimen included nabumetone and Norco. The rationale for the request was not provided within the documentation available for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 RIGHT GREATER OCCIPITAL RADIOFREQUENCY ABLATION: Upheld

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

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, Cervicogenic headache, Facet Joint Neurotomy.

Decision rationale: The Official Disability Guidelines stated that facet joint neurotomy is not recommended for cervicogenic headaches. The physician indicated on 07/08/2013, the injured worker had significant relief for a short period of time after receiving the occipital nerve block. The clinical note dated 06/09/2014, the physician indicated that the injured worker had approximately 10 months' relief, decreasing the injured worker's pain by approximately 80%, from the occipital nerve block. The provider's rationale for the request is not indicated within the documentation provided. Although the injured worker had a positive response to the greater occipital nerve block, the guidelines do not recommend facet joint neurotomy for cervicogenic headaches. Therefore, the request for 1 greater occipital radiofrequency ablation is not medically necessary.