

<b>Case Number:</b>	CM13-0014183		
<b>Date Assigned:</b>	03/26/2014	<b>Date of Injury:</b>	02/03/2006
<b>Decision Date:</b>	05/20/2014	<b>UR Denial Date:</b>	08/13/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/20/2013

### 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 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 applicant is a represented [REDACTED] employee, who has filed a claim for chronic neck pain and headaches reportedly associated with an industrial injury of February 3, 2006. Thus far, the applicant has been treated with the following: Analgesic medications; abortive medications for migraines; psychotropic medications; preventative medications for migraine headaches and extensive periods of time off of work, on total temporary disability. In a Utilization Review Report of August 13, 2013, the claims administrator denied a request for a greater occipital nerve block stating that the blocks in questions were considered investigational. The applicant's attorney subsequently appealed. An August 23, 2013, progress note is notable for comments that the applicant had persistent headaches status post surgery for a cerebral aneurysm in 2002. The applicant is also status post TIA and has undergone stenting for coronary artery disease. The applicant's medications list included Remeron, Dilantin, Keppra, Zocor, Ativan, Plavix, Lopressor, and Zestril. The applicant was asked to continue Lopressor for hypertension. The applicant was seen in the emergency department on December 6, 2012 for an acute migraine headache and discharged in reportedly stable condition. On July 23, 2013, the applicant was described as permanently disabled with issues related to a referred brain aneurysm, left-sided hemiparesis, headaches and seizure disorder. Multiple notes interspersed throughout late 2013 suggest that the applicant's headaches may be function of another aneurysm or the results of a vascular cause. A note of August 2, 2013, suggested that the applicant's headaches could represent a function of poorly controlled occult epileptiform activity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**BILATERAL OCCIPITAL PERIPHERAL NERVE BLOCKS:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC HEAD PROCEDURE SUMMARY.

**MAXIMUS guideline:** Decision based on MTUS ACOEM,Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**Decision rationale:** The MTUS does not address the topic of occipital nerve blocks. However, the Third Edition ACOEM Guidelines do note that occipital nerve blocks can be employed for diagnostic purposes, to help differentiate whether a complaint of headache is due to static neck position versus due to a migraine. ACOEM then, believes that local anesthetic injection such as the occipital nerve blocks proposed here can play a role in diagnosing chronic pain. In this case, the applicant has longstanding headaches. It is unclear whether these are cervicogenic headaches, migraine headaches, headaches of a vascular nature and/or headaches secondary to epilepsy/epileptiform activity. As suggested by ACOEM, the proposed bilateral occipital peripheral nerve blocks can play a role in distinguishing between the multiple possible diagnoses here. Therefore, the Original Utilization Review decision is overturned. The request is certified, on Independent Medical Review.