MAXIMUS Federal Services

Case Number:	CM13-0019136		
Date Assigned:	10/11/2013	Date of Injury:	07/11/2011
Decision Date:	01/21/2014	UR Denial Date:	08/02/2013
Priority:	Standard	Application Received:	09/03/2013

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 & Rehab, has a subspecialty in Pain Medicine and is licensed to practice in California, Oklahoma, and Texas. 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. 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 is a 62-year-old injured worker who reported an injury on July 11, 201, resulting from a reported fall. The patient is noted to have been diagnosed with cervical spondylosis with myelopathy, displacement of a cervical disc without myelopathy, degenerative cervical intervertebral disc, cervicalgia, brachial neuritis, radiculitis, pain in the thoracic spine, spasms of muscle, and unspecified myalgia and myositis. The patient is noted to have been treated conservatively with physical therapy. Additionally, the patient is noted to have suffered injuries to the cervical spine, head, left shoulder, and upper back. Medical notes indicate that the patient has been treated with conservative measures; including medial branch blocks given on June 26, 2013. A clinical note dated July 8, 2013, shows that the patient reported improvement of their lower cervical pain, but is also continues to complain of continued upper cervical pain and headaches. A request was submitted for occipital nerve blocks for the patient's complaints of upper cervical pain and headaches.

IMR ISSUES, DECISIONS AND RATIONALES

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

Occipital nerve blocks: 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), Neck and Upper Back (Acute & Chronic), Greater occipital nerve block diagnostic, Greater Occipital Nerve Block, and Therapeutic.

Decision rationale: The California MTUS Guidelines do not address occipital nerve blocks. The Official Disability Guidelines state that occipital nerve blocks were under study for treatment of occipital neuralgia and cervicogenic headaches, and there is little evidence that the blocks provided sustained relief, and when employed, are best used with concomitant therapy modalities. There is no documentation that the patient is planned for concurrent therapy modalities, and as well the requested occipital nerve blocks do not meet ODG guidelines.