

Case Number:	CM13-0020750		
Date Assigned:	10/11/2013	Date of Injury:	06/15/2006
Decision Date:	02/10/2014	UR Denial Date:	08/22/2013
Priority:	Standard	Application Received:	09/05/2013

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 Internal Medicine, has a subspecialty in Pulmonary Disease, 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 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 41-year-old female who reported an injury on 06/15/2008. The mechanism of injury was not provided in the medical records. Her diagnosis includes cervical spine sprain. Her symptoms are noted to include neck pain with radiation to her right upper extremity, as well as numbness and right wrist pain. It was noted that she was status post cervical epidural steroid injections at C4-5 and C6-7 in 05/2013 and had an overall 75% to 80% decrease of her radicular upper extremity pain and 70% decrease of neck pain and headaches. However, it was noted at her 06/11/2013 visit that her headaches had continued and worsened. Her physical examination findings included tenderness over the occipital nerves bilaterally, tenderness over the cervical spinous processes and facet joints, diminished upper extremity reflexes at the triceps and elbows bilaterally, decreased sensation to touch at the right medial and lateral aspect of the forearm and hand, and decreased motor strength bilaterally. A recommendation was made for bilateral occipital nerve blocks to decrease her headaches.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral occipital nerve blocks X 1: 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), Head, 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), Head, Greater occipital nerve block (GONB).

Decision rationale: California MTUS Guidelines do not specifically address occipital nerve blocks related to headaches. Official Disability Guidelines state greater occipital nerve blocks are under study for use in the treatment of primary headaches. It further states the mechanism of action is not understood and there is no standardized method of use at this point. The clinical information submitted for review does show the patient complains of pain related to headaches, as well as her cervical spine. However, occipital nerve blocks are not recommended at this time as they are still under study. Therefore, the request is not supported.