

Case Number:	CM13-0026737		
Date Assigned:	11/22/2013	Date of Injury:	03/19/2013
Decision Date:	07/25/2014	UR Denial Date:	09/14/2013
Priority:	Standard	Application Received:	09/19/2013

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 29-year-old male who reported an injury on 03/19/2013. The injury occurred when a tire hit his head. On 08/30/2013, the injured worker presented with lower extremity pain. He also had heachache pain, neck pain, light/sound sensitivity, difficulty with balance, and difficulty with memory/cognition and focus. The treatment included medications and physical therapy. Upon examination, there was severe tenderness over the neck and shoulder girdle, moderate tenderness over the right scapular area, and movement moderately restricted in all directions with pain elicited in all directions. There was a positive Tinel's over the right. There were also muscle spasms present to the cervicobrachial right upper trapezius with positive twitch response and trigger points. The MRI without contrast dated 03/30/2013 revealed normal findings. The provider recommended a greater occipital nerve block, and the provider's rationale was not provided. The request for authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

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) Head, Greater Occipital Nerve Block.

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.

Decision rationale: The request for greater occipital nerve block is non-certified. The Official Disability Guidelines state that greater occipital nerve blocks are under study for use in treatment of primary headaches. Studies on the use of greater occipital nerve block for treatment of migraine and cluster headaches show conflicting results, and when positive, have found response limited to a short term duration. The mechanism of action is not understood, nor is there a standardized method of the use of this modality for treatment of primary headaches. A recent study revealed that greater occipital nerve blocks are not effective for treatment of chronic tension headaches. As the greater occipital nerve block is under study, and treatment of migraine and cluster headaches show conflicting results, the greater occipital nerve block would not be warranted. As such, the request is non-certified.