

Case Number:	CM13-0030304		
Date Assigned:	11/27/2013	Date of Injury:	10/06/2010
Decision Date:	01/22/2014	UR Denial Date:	08/28/2013
Priority:	Standard	Application Received:	09/30/2013

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 and Rehabilitation, 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.

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 claimant is a 39-year-old female who sustained a neck injury on 10/6/10; the mechanism of injury is unclear. A recent assessment with [REDACTED], a pain management physician, reflected subjective complaints of neck pain with associated numbness and tingling and radiating pain to the arms and shoulders. The claimant described weakness as well as complaints of severe headaches and blurred vision at nighttime. Objective findings showed the cervical spine to have restricted range of motion with loss of normal cervical lordosis. There was tenderness to palpation, most pronounced at C6/T1, with increased tone to the bilateral trapezius, as well as point tenderness and myofascial pain with guarding. There was limited range of motion of the bilateral upper extremities but no other documented findings given. An MRI report dated 6/1/12 showed a 2mm central protrusion at C4-5, resulting in mild thecal sac compression. There was also an MRI of the left shoulder from December, 2010 that demonstrated AC joint arthrosis. The claimant's working diagnoses were cervical sprain, cervical multiple disc herniations, bilateral upper extremity neuritis, and radiculitis of the upper extremities. It was requested at that time for an epidural steroid injection for the claimant's cervical spine, as well as continued use of topical compounded agents. Previous clinical records with Dr. Rafin indicated treatment has included stellate ganglion blocks, at least three prior epidural steroid injections, and medication agents.

IMR ISSUES, DECISIONS AND RATIONALES

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

occipital nerve block injection: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Head Chapter: Greater Occipital Nerve Block.

Decision rationale: The California MTUS Guidelines are silent on this issue; however, when looking at the Official Disability Guidelines criteria, the role of occipital nerve blocks for the treatment of headaches is "under study." Studies that demonstrate the benefits of greater occipital nerve blocks also note that the positive effects only last for a very short duration with no longstanding benefit. There is also no standardized method of use for this modality in treatment of primarily headaches. Further literature indicated that it is not effective treatment for the use of chronic headaches. Specific to this case, there would be no indication as to why the claimant would be an exception to the recommendation against the block. The specific request for the occipital nerve block given the claimant's chronic cervical complaints and findings would not be indicated.