

Case Number:	CM13-0031311		
Date Assigned:	08/11/2014	Date of Injury:	08/15/1999
Decision Date:	10/16/2014	UR Denial Date:	09/13/2013
Priority:	Standard	Application Received:	10/03/2013

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 & Rehabilitation and is licensed to practice in Nevada. 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 records presented for review indicate that this 58 year-old female was reportedly injured on June 15, 1999. The mechanism of injury is noted as cumulative trauma. The most recent progress note, dated June 13, 2014, indicates that there were ongoing complaints of neck pain with radiation to the upper extremities, as well as low back pain. The physical examination demonstrated a normotensive (116/65) individual in no acute distress, with diffuse tenderness to palpation of the cervical spine and trapezius muscles. There are several trigger points over the trapezius and rhomboid muscles. Range of motion is limited due to pain. There is severe occipital tenderness. Examination of the lumbosacral area shows straight leg raise test is negative bilaterally, and there is severe tenderness to palpation of the lower lumbar facet joints and SI joints. There is pain with extension of the lumbar spine, and full range of motion with flexion. The patient's gait includes a limp on the right side. There is mild weakness on the right upper extremity compared to the left. Diagnostic imaging studies were not included for review. Previous treatment includes chiropractic therapy, physical therapy, use of a TENS unit, and medications. A request had been made for occipital nerve block with fluoroscopy and was not certified in the pre-authorization process on September 13, 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Occipital Nerve Block with Fluoroscopy: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM GUIDELINES, 2ND. EDITION, 2004,, ,

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG -TWC/ODG Integrated Treatment/Disability Duration Guidelines; Neck & Upper Back (Acute & Chronic) - Greater Occipital Nerve Blocks (Updated 08/04/14).

Decision rationale: MTUS/ACOEM practice guidelines do not address this request. ODG lists occipital nerve blocks as under study, as there is little evidence that greater occipital nerve injections provide long-term relief, and there is limited to small, non-controlled case series. At this time, the guidelines do not support this request and it is not medically necessary.