

Case Number:	CM13-0031680		
Date Assigned:	01/10/2014	Date of Injury:	02/28/2009
Decision Date:	03/19/2014	UR Denial Date:	09/23/2013
Priority:	Standard	Application Received:	10/04/2013

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 Pain Medicine 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 44-year old male who was injured on 02/28/2009. Mechanism of injury was reported as a transfer case fell. While attempting to grab the case with his left arm, the patient sustained injury to his left arm. Prior treatment history has included a radiofrequency lesioning. He feels the pain is becoming worse due to the effects of the procedure wearing away. He underwent left shoulder arthroscopy on 12/09/2009 and on 10/27/2010, had a second left shoulder surgery. On 10/27/2011, he underwent a third left shoulder surgery with [REDACTED], [REDACTED] in San Francisco for a SLAP repair and rotator cuff tear. Past medications prescribed are Norco, Advil, and Tramadol. He is currently taking Lexapro, Trazodone, Escitalopram, Norco, and Naproxen. The patient had previous carpal tunnel release performed in 2000 and shoulder surgery from 2009-2010. The patient had MRI of left shoulder performed on 10/14/2009 which revealed residual changes in the left acromioclavicular joint and no evidence of rotator cuff tear. X-ray of the left wrist done in 2009 revealed normal examination. X-ray of the cervical spine performed 07/2011 showed mild degenerative disk disease and facet arthropathy with moderate bony neural foraminal narrowing on the right from C3-C4. Electrodiagnostic study of the left upper extremity was normal. MRI of the cervical spine was normal. Clinic note dated 10/17/2013 from [REDACTED], [REDACTED] documented the patient to have complaints of head, and bilateral shoulder pain with left shoulder pain more severe. The patient has numbness at the posterior upper left back in shoulder region. The patient indicates when he turns his head toward the right, he feels a sensation of needles up the back of the neck accompanied by blurry vision for a few seconds. Upon examination of the neck, hypertonicity is noted in the paraspinal muscles in the bilateral sub-occipital location. Neurological: Cranial nerves are normal to touch and pinwheel with no allodynia or hyperpathia. The physician requested bilateral greater occipital nerve blocks for chronic headaches which are cervicogenic in nature.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral Greater 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), Head Chapter.

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 & Neck and Upper Back, Greater occipital nerve block and headache.

Decision rationale: According to the ODG, the requested procedure is under study for treatment of cervicogenic headaches. "There is little evidence that the block provides sustained relief, and if employed, is best used with concomitant therapy modulations." There is no indication in the records provided to support the use of occipital nerve blocks for this patient.