

Case Number:	CM13-0032331		
Date Assigned:	02/03/2014	Date of Injury:	07/30/2011
Decision Date:	08/01/2014	UR Denial Date:	09/24/2013
Priority:	Standard	Application Received:	10/07/2013

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 Occupational 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 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 patient is a 30-year-old female who has submitted a claim for Neck Strain/Sprain associated with an industrial injury date of July 30, 2011. The medical records from 2013 were reviewed, which showed that the patient complained of left-sided neck pain, particularly at the left paracervical muscles and left scapular region. She also had increasing pain at the top of her head. On physical examination, there was tenderness over the left occiput, left paracervical muscles, and superior border of the left scapula. The treatment to date has included medications, right wrist surgery, right thumb splint, post-operative occupational therapy, physical therapy, home exercise program, work conditioning program, and ultrasound-guided left occipital nerve block with Kenalog, Marcaine, and Lidocaine (October 22, 2013). The utilization review from September 24, 2013, denied the request for cervical spine ultrasound guided injection with combination of kenalog, marcaine, and lidocaine, because the clinical notes reviewed did not state significant objective findings of the patient's pain symptoms, functional deficits, or neurologic deficits to give a clear indication of the patient's headache patterns and severity of pain. In addition, it was not stated how the injections were to assist the patient with headaches.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultrasound-guided cervical spine injection with combination of Kenalog, Marcaine, and Lidocaine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back Chapter, Online edition, Greater occipital nerve block, therapeutic.

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

Decision rationale: The Official Disability Guidelines indicate that the greater occipital nerve injection is under study for treatment of occipital neuralgia and cervicogenic headaches and there is little evidence that the block provides sustained relief. In this case, a clear rationale regarding the indication for an occipital nerve block was not provided. There was no discussion regarding how the procedure will benefit the patient despite little evidence supporting its use. Therefore, the request for an ultrasound-guided cervical spine injection with combination of Kenalog, Marcaine, and Lidocaine is not medically necessary.