MAXIMUS Federal Services

Case Number:	CM13-0033299		
Date Assigned:	12/27/2013	Date of Injury:	04/10/2003
Decision Date:	02/28/2014	UR Denial Date:	10/01/2013
Priority:	Standard	Application Received:	10/09/2013

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 Pain Management has a subspecialty in Disability Evaluation 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 67-year-old male who was injured on 4/10/03 when he leaned back in a chair and fell. He is diagnosed with displacement of cervical intervertebral disc without myelopathy, pain in the shoulder joint, cervicalgia, and brachial neuritis or radiculitis. a request is made for a greater occipital nerve block. In the medical report dated 9/16/13, the patient reports that he continues to have cervical and trapezial pain and is having increase in bilateral occipital frontal headache. His back and shoulder remain unchanged with continued improvement in the shoulder following injection. On physical examination, cervical range of motion is as follows: flexion and extension of 20 degrees, and lateral rotation of approximately 35 degrees. Left shoulder range of motion is as follows: forward flexion of 150 degrees, external/internal rotation of 90 degrees, and abduction of 100 degrees. There is marked tenderness at the insertion of the supraspinatus on the left. Crossed impingement sign is negative on the left palpation of the greater occipital nerves and nuchal reflection reproduces the patient's headache Symptoms. Examination of the trapezii note marked trigger points and spasm bilaterally. It is also found in the cervical paraspinous muscles. He currently takes Ambien, Axert, Feldene, gabapentin, and Vicodin. Other treatment includes physical therapy. At issue is the prospective request for 1 Greater Occipital Nerve Block between 9/25/2013 and 11/9/2013 which was denied for lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

One greater occipital nerve block between 09/25/13 and 11/09/13: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

Decision rationale: The California Medical Treatment Utilization Schedule and American College of Occupational and Environmental Medicine, 2nd Edition does not specifically address the requests for a Greater Occipital Nerve Block. Official Disability Guidelines-Treatment for workers' Compensation, Online Edition Chapter: Neck and Upper Back (Acute and Chronic) Greater occipital nerve block, diagnostic Under study, Greater occipital nerve blocks (GONB) have been recommended by several organizations organizations for the diagnosis of both occipital neuralgia and cervicogenic headaches, it has been noted that both the International Association for the Study of Pain and World Cervioogenic Headache Society focused on relief of pain by analgesic injection into cervical structures, but there was little to no consensus as to what injection technique should be utilized and lack of convincing clinical trials to aid in this diagnostic methodology. (Haldeman, 2001) Difficulty arises in that occipital nerve blocks are non-specific. This may result in misidentification of the occipital nerve as the pain generator. (Biondi, 2005) (Leoni!, 1998) (Aetna, 2006) In addition, there is no research evaluating the block as a diagnostic tool under controlled conditions (placebo, sham, or other control). (Bogduk, 2004) An additional problem is that patients with both tension headaches and migraine headaches respond to GONB. In one study comparing patients with cervicogenic headache to patients with tension headaches and migraines, pain relief was found by all three categories of patients (54.5%, 14% and 6%, respectively). Due to the differential response, it has been suggested that GONB may be useful as a diagnostic aid in differentiating 'between these three headache conditions. (Bovim, 1992) (See also Greater occipital nerve block, therapeutic and the Head Chapter Greater occipital nerve block, therapeutic Under study for treatment of occipital neuralgia and cervicogenic headaches. There is little evidence that the block provides sustained relief, and if employed, is best used with concomitant therapy modulations. (Biondi, 2005) Current reports of success are limited to small, non-controlled case series. Although short-term improvement has been. noted in 50-90% of patients, many studies only report immediate postinjection results with no follow-up period. In addition, there is no gold-standard methodology for injection delivery, nor has the timing or frequency of delivery of injections been researched. (Haldeman, 2001) (Inan, 2001) (Vincent, 1998) Limited duration of effect of local anesthetics appears to be one factor that limits treatment and there is little research to the effect of the addition of corticosteroid to the injectate. (Bogduk, 2004) See also Greater occipital nerve block, diagnostic and the Head Chapter. Chapter: Head Greater occipital nerve block (GONB). Under study for use in treatment of primary headaches. Studies on the use of greater occipital nerve block (GONB) for t