

Case Number:	CM13-0041346		
Date Assigned:	12/20/2013	Date of Injury:	10/02/2001
Decision Date:	08/07/2014	UR Denial Date:	10/09/2013
Priority:	Standard	Application Received:	10/14/2013

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 Internal Medicine and Emergency Medicine and is licensed to practice in Florida. 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:

This patient is a 63 year-old with a date of injury of 10/02/01. A progress report proximate to the request for services dated 09/25/13, identified subjective complaints of intermittent neck pain and headaches. Objective findings included decreased range-of-motion of the cervical spine. There were positive findings for sensation, motor function, and reflexes in the upper extremities. Diagnostics included a normal videonystagmogram (VNG) in 2007. Diagnoses included cervical disc disease; cervicogenic headaches; cervical radiculopathy; vertigo secondary to headache; and neuropathic pain in the upper extremities. Treatment has included oral analgesics. A Utilization Review determination was rendered on 10/09/13 recommending non-certification of "one videonystagmogram (VNG); one occipital block; and one pre-ops for occipital injections".

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE VIDEONYSTAGMOGRAM (VNG): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Videonystagmograms (VNG) are used to diagnose vestibular disorders as a cause of vertigo. The Medical Treatment Utilization Schedule (MTUS) does not address videonystagmograms. The Official Disability Guidelines (ODG) note that vestibular studies may be indicated after a concussion or traumatic brain injury. In this case, the patient's vertigo was specified as due to headaches. A VNG is used to define vestibular vertigo. Additionally, the patient had a normal VNG in 2007. Therefore, the record does not document the medical necessity for a videonystagmogram.

ONE OCCIPITAL BLOCK: 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 (Acute & Chronic), Greater Occipital Nerve Block.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 48, Chronic Pain Treatment Guidelines Injection with Anesthetics and/or Steroids Page(s): 54. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head; Neck, Greater Occipital Nerve Block; Greater Occipital Nerve Block, Therapeutic.

Decision rationale: The Medical Treatment Utilization Schedule (MTUS) states that injections of corticosteroids or local anesthetics should be reserved for patients who do not improve with more conservative therapies. They do not specifically address occipital nerve injections. The Official Disability Guidelines (ODG) state that occipital nerve blocks only result in a short-term response for migraine and cluster headaches. Likewise, in occipital neuralgia and cervicogenic headaches, there is little evidence that a block provides sustained relief. Otherwise, there is no recommendation for their use. In this case, the record does not document the medical necessity for the modality of a bilateral occipital nerve block for the claimant's indication.

ONE PRE-OPS FOR OCCIPITAL INJECTIONS: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 48, Chronic Pain Treatment Guidelines Injection with Anesthetics and/or Steroids Page(s): 54. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head; Neck, Greater Occipital Nerve Block; Greater Occipital Nerve Block, Therapeutic.

Decision rationale: The Medical Treatment Utilization Schedule (MTUS) states that injections of corticosteroids or local anesthetics should be reserved for patients who do not improve with more conservative therapies. They do not specifically address occipital nerve injections. The Official Disability Guidelines (ODG) state that occipital nerve blocks only result in a short-term response for migraine and cluster headaches. Likewise, in occipital neuralgia and cervicogenic headaches, there is little evidence that a block provides sustained relief. Otherwise, there is no recommendation for their use. In this case, the record does not document the medical necessity

for the modality of a bilateral occipital nerve block for the claimant's indication. Therefore, there is no medical necessity for a preoperative visit for an occipital nerve block.