

Case Number:	CM13-0044621		
Date Assigned:	12/27/2013	Date of Injury:	10/28/2011
Decision Date:	03/10/2014	UR Denial Date:	10/23/2013
Priority:	Standard	Application Received:	10/30/2013

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 Anesthesiology, has a subspecialty in Pain Management 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 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 61-year-old male who reported an injury on 10/28/2011. The patient is diagnosed with chronic pain syndrome, cervical degenerative disc disease, cervical post laminectomy syndrome, occipital neuralgia, cervical radiculopathy, lumbar degenerative disc disease, and lumbar radiculopathy. The patient was seen by [REDACTED] on 10/15/2013. The physical examination revealed full range of motion of bilateral hips, 5/5 motor strength in bilateral upper extremities, intact sensation, and 2+ reflexes bilaterally. The treatment recommendations included continuation of current medications and authorization for bilateral greater occipital nerve blocks.

IMR ISSUES, DECISIONS AND RATIONALES

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

outpatient bilateral occipital block: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173. Decision based on Non-MTUS Citation the Official Disability Guidelines (ODG) Head Chapter, Greater Occipital Nerve Block, Diagnostic.

Decision rationale: The California MTUS/ACOEM Practice Guidelines state invasive techniques have no proven benefit in treating acute neck and upper back symptoms. The Official Disability Guidelines state greater occipital nerve blocks are currently under study for use in treatment of primary headaches. As per the documentation submitted, the patient does not maintain a diagnosis of migraine headaches. There was no evidence of a significant musculoskeletal or neurological abnormality upon physical examination. The medical necessity for the requested procedure has not been established. Based on the clinical information received, the request is noncertified.