MAXIMUS Federal Services

Case Number:	CM13-0044978		
Date Assigned:	03/28/2014	Date of Injury:	09/13/1995
Decision Date:	05/07/2014	UR Denial Date:	10/26/2013
Priority:	Standard	Application Received:	10/29/2013

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 Anesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 53-year-old female with a 9/13/95 date of injury. At the time (10/15/13) of the request for authorization for occipital nerve block and bi-weekly visits/follow-up visits, there is documentation of subjective (neck pain and headaches) and objective (posterior scalp exhibited 2+ myofascial tension in the occipitalis muscles, suboccipitalis muscle exhibited 2 tensions, severe ankylosis and fibrosis was found in the back of the neck, decreased cervical and lumbar spine ROM, 2+ muscle spasms in the upper trapezius muscles with positive twitch response present on left) findings, current diagnoses (chronic neck pain; myofascial tension in the head, neck, upper back, arms; nerve pain radiating from neck; and migraine headaches, chronic, associated with chronic neck pain), and treatment to date (medication, trigger point injections, and an exercise program). Regarding bi-weekly visits/follow-up visits, there is no documentation of a rationale identifying why bi-weekly visits/follow-up visits are necessary and the total number of visits/follow-up visits needed.

IMR ISSUES, DECISIONS AND RATIONALES

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

OCCIPITAL NERVE BLOCK: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) HEAD CHAPTER; NECK & UPPER BACK CHAPTER, GREATER OCCIPITAL NERVE BLOCK

Decision rationale: MTUS does not address this issue. ODG states greater occipital nerve blocks are under study for use in treatment of primary headaches, occipital neuralgia, and cervicogenic headaches. Therefore, based on guidelines and a review of the evidence, the request for occipital nerve block is not medically necessary.

BI-WEEKLY VISITS/FOLLOW-UP VISITS: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 127.

Decision rationale: MTUS reference to ACOEM guidelines state that the occupational health practitioner may refer to other specialist if a diagnosis is uncertain or extremely complex, when psychosocial facts are present, or when the plan or course of care may benefit from additional expertise. ODG identifies that office visits are based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. Within the medical information available for review, there is documentation of diagnoses of chronic neck pain; myofascial tension in the head, neck, upper back, arms; nerve pain radiating from neck; and migraine headaches, chronic, associated with chronic neck pain. However, there is no documentation of a rationale identifying why bi-weekly visits/follow-up visits are necessary. In addition, there is no documentation of the total number of visits/follow-up visits needed. Therefore, based on guidelines and a review of the evidence, the request for bi-weekly visits/follow-up visits is not medically necessary.