

<b>Case Number:</b>	CM13-0046925		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	01/23/2013
<b>Decision Date:</b>	02/25/2014	<b>UR Denial Date:</b>	10/18/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/01/2013

### 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 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 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 52-year-old female who reported an injury on 01/23/2013. The mechanism of injury was not provided for review. The patient's treatment history was not provided for review. The patient's most recent clinical examination included constant pain and tenderness to palpation of the left knee with limited range of motion. The patient's diagnoses included cervical pain, shoulder pain, thoracic pain, and back pain. The patient's treatment plan included continuation of medications, chiropractic care, and bilateral occipital nerve blocks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bilateral occipital nerve 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 (ODG) Neck and Upper Back Chapter, 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 and Upper Back Chapter, Greater Occipital Nerve Block, Therapeutic

**Decision rationale:** Official Disability Guidelines state this treatment is under study for occipital neuralgia and cervicogenic headaches. The clinical documentation submitted for review does

not provide any physical evidence the patient has any occipital neuralgia or suffers from cervicogenic headaches. As this treatment is under study and there is little evidence to support sustained relief, this treatment option would not be recommended by Official Disability Guidelines. As such, the requested bilateral occipital nerve block is not medically necessary or appropriate.