

Case Number:	CM13-0053483		
Date Assigned:	12/30/2013	Date of Injury:	11/07/2012
Decision Date:	03/10/2014	UR Denial Date:	11/07/2013
Priority:	Standard	Application Received:	11/18/2013

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 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:

According to the records made available for review, this is a 50-year-old female with a 11/7/12 date of injury. At the time of request for authorization for bilateral occipital nerve block, there is documentation of subjective (constant neck pain with numbness and tingling, and difficulty falling asleep due to headaches) and objective (absent biceps, triceps, and brachioradialis reflexes bilaterally, decreased sensation of the right C6-C8 dermatomes, motor deficit of the right C7 myotome, tenderness to palpation at levels C3-T1 and at the facet joint bilaterally, positive extension compression test bilaterally, and decreased cervical range of motion) findings, current diagnoses (displacement of cervical intervertebral disc without myelopathy, brachial neuritis or radiculitis nos, degeneration of cervical intervertebral disc, cervical spinal stenosis, cervical facet joint syndrome, headache, and cervical facet arthrosis), and treatment to date (physical therapy, chiropractic therapy, acupuncture, (TENS) transcutaneous electrical nerve stimulation unit, and medication).

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

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: Chronic Pain Medical Treatment Guidelines does not specifically address this issue. Official Disability Guidelines states greater occipital nerve blocks are under study for use in treatment of primary headaches, 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. Therefore, based on guidelines and a review of the evidence, the request for bilateral occipital nerve block is not medically necessary.