MAXIMUS Federal Services

Case Number:	CM13-0053809		
Date Assigned:	12/30/2013	Date of Injury:	10/12/2012
Decision Date:	05/22/2014	UR Denial Date:	10/21/2013
Priority:	Standard	Application Received:	11/18/2013

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 Physical Medicine & Rehabilitation, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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:

The patient is a 35 year old female who had a work injury dated 10/12/12 where she sustained injuries to her cervical spine, thoracic spine, lumbar spine, and left foot. The diagnoses include cephalgia, occipital neuralgia, cervical spine herniated disc, cervicalgia. There is a 9/12/13 office visit in which the patient presents with complaint of constant sharp, dull, stabbing, and aching pain in the neck. The pain is also associated with a burning-type sensation. The pain level varies throughout the day, but she gives it a level of a 6 on a scale of 1 to 10, 1 being the lowest level of pain and 10 being the maximum level of pain. She states that the pain radiates to her right arm and fingers and to occipital and bilateral temporal regions with numbness in the right little and ring fingers, tingling in the right little and right fingers and weakness in the right arm and hand. In addition, the patient experiences headaches, dizziness, difficulty sleeping, depression, and anxiety. On physical exam, palpation of the cervical spine reveals right midline paraspinal tenderness; 2+ right occipital tenderness to palpation; 1+ left occipital tenderness to palpation; 1+ right sternocleidomastoid tenderness to palpation; and 1 + right upper trapezial tenderness to palpation. Cervical facet test is positive on the right side and is negative on the left side. Head tilt test is positive on the right side. Dermatome testing reveal decreased moderately sensation in the C5, C6, C7, C8, and T1 nerve distributions on the right side and normal sensation on the left side. There is decreased fine motor coordination of the right hand. A 7/18/13 bilateral upper extremity NCS/EMG reveals mild right carpal tunnel syndrome and a bilateral chronic active C5-C6 radiculopathy, right side greater than left side. A 7/18/13 cervical MRI reveals multilevel disc bulging with findings at C4Â·C5, of a 2-3-mm posterior disc bulge resulting in moderate-to-severe left and mild-to-moderate right neural foraminal narrowing and at C5-C6, there is a 1-2-mm posterior disc bulge without evidence of central stenosis or neural foraminal narrowing. Per

documentation, on this date, there is a request for a bilateral occipital nerve block and also documentation that an urgent bilateral occipital nerve injection was performed on this office visit (9/12/13) due to the patient's incapacitating occipital neuralgia headaches containing 2cc of 0.5% Marcaine. A good block was achieved. As a result of this injection, the patient's headache has improved. The treatment plan also included a request for cervical epidural steroid injections. Per an 8/27/13 agreed medical evaluation the physician believed that the patient's headaches are clearly cervicogenic and non-migrainous in nature.

IMR ISSUES, DECISIONS AND RATIONALES

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

BILATERAL OCCIPITAL NERVE BLOCK (RETROSPECTIVE): Overturned

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.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Treatments Page(s): 11. Decision based on Non-MTUS Citation ODG, Neck & Upper Back Chapter, Greater occipital nerve block.

Decision rationale: The requested bilateral occipital nerve block is medically necessary per the MTUS and the ODG guidelines. The MTUS states that clinical judgment shall be applied to determine frequency and intensity and selection of treatment must be tailored for the individual case. The MTUS is silent on occipital nerve blocks specifically. The documentation indicates that the patient was given an urgent greater occipital neve block on 9/12/13 to alleviate her occipital neuralgia headaches, which was beneficial. The ODG states that a therapeutic greater occipital nerve block (and diagnostic occipital nerve block) is under study for treatment of 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. The documentation indicates that patient has headaches which per documentation are felt to be cervicogenic in nature. The ODG does not recommend for or against occipital nerve blocks. The documentation does indicate that the patient has bilateral occipital tenderness, likely cervicogenic headaches and that conservative treatments (acupuncture/therapy) were recommended for the patient after the injection. Due to these factors, the nerve blocks are considered medically necessary.