

Case Number:	CM13-0063972		
Date Assigned:	01/03/2014	Date of Injury:	10/25/2010
Decision Date:	05/16/2014	UR Denial Date:	12/09/2013
Priority:	Standard	Application Received:	12/11/2013

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 and Rehabilitation, has a subspecialty in Physical Medicine and Rehabilitation 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:

The patient is a 56 year old female who was injured on 10/25/2010. She stated she was pushed from behind and slammed her shoulder into a door. She felt her arm slip and was hitting the floor. Diagnostic studies reviewed include MRI of the brain without contrast dated 06/09/2012 revealed no acute intracranial pathology. PR2 dated 08/01/2012 documented the patient to report her neck pain varies with activities. She still had bilateral arm weakness, left greater than right with occasional numbness into her upper extremities. She was walking her horses for 40 minutes 5 times per week and continues to do her physical therapy exercises. In regards to her Post Traumatic Stress Disorder (PTSD), she was referred to psychiatric. Objective findings on exam revealed motor strength was 5/5; sensory exam was intact; and reflexes are 1+ for biceps and brachioradialis and trace for triceps bilaterally. The patient was diagnosed with status post Anterior Cervical Discectomy and Fusion (ACDF), Cervical Degenerative Disc Disease (DDD), and PTSD associated with injury. The patient has been encouraged to continue her current exercise program and medications. She has been authorized 4 physical therapy visits and she had been asked to complete them as a refresher on her exercises.

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 Official Disability Guidelines (ODG), Neck & Upper Back, Greater Occipital Nerve Block.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head, Greater Occipital Nerve Block (GONG).

Decision rationale: The California MTUS guidelines do not address this issue. According to the Official Disability Guidelines (ODG), Greater occipital nerve block (GONB) may have a role in differentiating between cervicogenic headaches, migraine headaches, and tension-headaches. There no updated records provided. The medical records of February 2012 document the patient complained of neck pain with migraine. In the absence of recent records and the indication of this treatment modality and as this modality is still under study, the request cannot be supported. The request for occipital nerve block is not medically necessary and appropriate.