MAXIMUS Federal Services

Case Number:	CM13-0064633		
Date Assigned:	02/03/2014	Date of Injury:	09/06/2010
Decision Date:	06/10/2014	UR Denial Date:	07/19/2013
Priority:	Standard	Application Received:	07/31/2013

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 Occupational Medicine 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:

Treatment to date has included medications, chiropractic treatment, physical therapy, home exercise program, left T4-5 selective nerve root block, diagnostic thoracic facet joint nerve blocks T3-5, trigger point injection, and three occipital nerve blocks, which provided temporary relief. Medical records from 2012 through 2013 were reviewed, which showed that the patient complained of headache, wherein the pain was located at the base of the skull shooting up, rated 7/10, exacerbated by intake of Norco. There was accompanying nausea and one episode of vomiting. On physical examination, there was tenderness in the occipital region. Examination of the spine showed intersegmental joint hypomobility at C2, T3, and T4. There was moderate tenderness at the upper left paraspinal muscles, right scapula, left trapezius, and left scapula. Neurologic exam was unremarkable. The patient had no sensorimotor deficits.

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).

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 and Neck Chapter

Decision rationale: The California MTUS does not specifically address occipital nerve blocks; however, the Official Disability Guidelines (ODG) states that greater occipital nerve injection is under study for treatment of occipital neuralgia and cervicogenic headaches and there is little evidence that the block provides sustained relief. In addition, guidelines state that there is no gold-standard methodology for injection delivery, nor has the timing or frequency of delivery of injections been researched. In this case, the patient showed short-term improvement with previous occipital nerve blocks but these were only immediate post-injection results with no follow-up period. Even so, there is no evidence that the patient's headaches are due to the industrial injury. A 1/16/13 report concluded that the patient had chronic cervical pain; however, that it "appears to be an element of cervical facet arthropathy, but it is not clear to me whether this is related to her industrial injury". Additionally, a 8/29/11 MRI of the cervical spine was reported as normal. Therefore, the request for occipital nerve block is not medically necessary.