

Case Number:	CM13-0069610		
Date Assigned:	06/11/2014	Date of Injury:	03/11/2005
Decision Date:	08/04/2014	UR Denial Date:	11/21/2013
Priority:	Standard	Application Received:	12/23/2013

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 and is licensed to practice in California and Washington. 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 injured worker is a 50-year-old female who reported an injury on 03/11/2005. The injury reportedly occurred while the injured worker was moving large and heavy boxes. The diagnoses include cervical facet syndrome, cervical pain, spinal/lumbar degenerative disc disease, radiculopathy, and occipital neuralgia. Previous treatments include physical therapy, medication, and H-wave injections. Within the clinical note date 09/11/2013, it was reported that the injured worker complained of back pain radiating from the low back down both legs. She complained of lower backache. The injured worker complained of migraines, which were 100% relieved with an injection. Upon physical examination, the provider noted range of motion of the cervical spine was restricted with flexion limited to 15 degrees and limited by pain; extension was limited to 30 degrees, also limited by pain. The provider noted spasms and tenderness on both sides of the paravertebral muscles. Tenderness was noted at the paracervical muscles and trapezius. The provider indicated the Spurling's maneuver produced no pain in the neck musculature or radicular symptoms in the arm. The provider noted a positive Tinel's over the occipital nerve bilaterally. The request was made for a bilateral occipital nerve block for the injured worker's 1 break through migraine 2 weeks ago. The Request for Authorization was not provided for clinical review.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 BILATERAL OCCIPITAL NERVE BLOCK: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 (GONB).

Decision rationale: The request for a prospective 1 bilateral occipital nerve block is non-certified. The Official Disability Guidelines indicate greater occipital nerve blocks are under study for the use and treatment of primary headaches. The guidelines note studies on the use of greater occipital nerve blocks for the treatment of migraines and cluster headaches show conflicting results, and when positive, have found response limited to a short-term duration. The mechanism of action is not understood, nor is there a standardized method of the use of modality for treatment of primary headaches. A recent study has shown that occipital nerve blocks are not effective for the treatment of chronic tension headaches. The guidelines note that there is limited evidence that occipital nerve blocks provide sustained relief. The clinical documentation indicated the injured worker has previously had an injection; however, it does not specify the type of injection the injured worker has undergone. Additionally, the guidelines do not recommend the use of occipital nerve blocks. Therefore, the request is not medically necessary.