

Case Number:	CM14-0002121		
Date Assigned:	01/24/2014	Date of Injury:	01/17/2004
Decision Date:	06/09/2014	UR Denial Date:	12/17/2013
Priority:	Standard	Application Received:	01/07/2014

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 Anesthesiology, has a subspecialty in Pain 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:

The patient has submitted a claim for headache, neck, and back pain associated with an industrial injury date of January 17, 2004. Treatment to date has included medications, TENS, trigger point injections, spinal cord stimulator implantation, and an unknown number of occipital nerve blocks. Medical records from 2013 were reviewed, which showed that the patient complained of constant headache, neck, and back pain, rated 8/10. The patient reportedly was doing well post-injection. On physical examination, there were no neurologic deficits and sensation and motor strength of all muscles were intact.

IMR ISSUES, DECISIONS AND RATIONALES

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

BILATERAL OCCIPITAL NERVE BLOCKS (TOTAL OF 4): 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) Neck Chapter, Greater Occipital Nerve Block, Therapeutic.

Decision rationale: CA MTUS does not specifically address occipital nerve blocks. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations,

Division of Workers' Compensation, the Official Disability Guidelines (ODG) was used instead. 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, the mechanism of action is not understood, nor is there a gold-standard methodology for injection delivery. In this case, the patient previously underwent an unknown number of occipital nerve blocks, the latest of which was reported to provide benefit lasting for two to three months. However, there was no objective documentation to support this claim since there was no noted reduction of intake of pain medications. Moreover, there was no discussion regarding the indication for this procedure, despite guidelines stating that its therapeutic effects are still investigational. There is no clear indication for a repeat occipital nerve block; therefore, the request for bilateral occipital nerve blocks is not medically necessary.