

Case Number:	CM14-0002358		
Date Assigned:	01/24/2014	Date of Injury:	01/01/2004
Decision Date:	06/16/2014	UR Denial Date:	12/26/2013
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 Neurologist 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 injured worker is a 44-year-old female who reported an injury on 01/01/2004. The mechanism of injury was not provided. The documentation of 12/13/2013 revealed the patient had CRPS. The review of systems revealed no abnormalities. The patient indicated she had right hand pain that was constant and described as cold, burning pain worsened by movement, contact with objects. It was indicated the patient had headaches since hitting her head. The patient's headaches started in the left occipital region. The patient had tenderness to the left lateral recess in the upper neck. The diagnoses included cervical spondylosis possible C2, 3 or C1, 2 pain with cervicogenic headaches, major depressive affective disorder recurrent episode unspecified degree, and RSD upper extremity with possible sympathetically maintained pain. The treatment plan included a diagnostic block of the left third occipital nerve, which is the medial branch innervating the C2, C3.

IMR ISSUES, DECISIONS AND RATIONALES

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

DIAGNOSTIC BLOCK OF THIRD OCCIPITAL NERVE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines; Head Chapter. British Medical Journal - www.clinicalevidence.com; Section: Neurological Disorders; Condition: Headache (Chronic Tension-Type) & Cluster Headache.

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, Greater Occipital Nerve Blocks, Diagnostic.

Decision rationale: The Official Disability Guidelines indicate that greater occipital nerve blocks are under study for the treatment of primary headaches. There is no research evaluating the block as a diagnostic tool under controlled condition. Additionally, the MTUS guidelines indicate that occipital nerve blocks are nonspecific. The clinical documentation submitted for review indicated the injured worker had cervicogenic headaches. The treatment is under study. Furthermore, there was a lack of documentation of exceptional factors to warrant nonadherence to ODG guideline recommendations. Given the above, the request for diagnostic block of the third occipital nerve is not medically necessary and appropriate.