

<b>Case Number:</b>	CM14-0006213		
<b>Date Assigned:</b>	03/03/2014	<b>Date of Injury:</b>	03/18/2010
<b>Decision Date:</b>	07/14/2014	<b>UR Denial Date:</b>	01/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/16/2014

### 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 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 60 year old male who has submitted a claim for cervical disc bulge, occipital neuralgia, cervical myofascitis associated with an industrial injury date of 03/18/2010. Medical records from 2010 to 2014 were reviewed and showed that patient complained of intermittent dull right-sided neck pain, graded 4/10. Pain is aggravated by sitting, bending, twisting, looking up, and turning head to the right; and relieved by light water exercises, short walks, and medications. Physical examination showed tenderness over the occipital are. Range of motion was limited by pain. Spurling's test was negative. Deep tendon reflexes, motor strength, and sensation of the upper extremities were normal. An MRI of the cervical spine, dated 08/07/12, revealed straightening of the cervical lordotic curvature, disc desiccation throughout the cervical spine, right neural foraminal narrowing resulting in pressure on the right C6 exiting nerve root, and left neural foraminal narrowing resulting in pressure on the left C7 exiting nerve root. Treatment to date has included medications, physical therapy, epidural steroid injections, and left shoulder surgery (02/05/2013). A utilization review dated 01/03/2014 denied the request for right occipital nerve block because guidelines do not support its use as there is no evidence of ongoing benefits for the use of occipital nerve block for the listed symptoms of right neck pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**RIGHT 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) Neck Chapter, Greater Occipital Nerve Block, Therapeutic.

**Decision rationale:** The 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 complained of intermittent dull neck pain despite medications. An occipital nerve block was requested to address the headaches and muscle spasms. However, the ODG do not support the use of occipital nerve blocks as its therapeutic effects are still under investigation. Therefore, the request is not medically necessary.