

Case Number:	CM14-0008023		
Date Assigned:	02/12/2014	Date of Injury:	06/04/2012
Decision Date:	06/09/2014	UR Denial Date:	01/07/2014
Priority:	Standard	Application Received:	01/21/2014

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 Family Practice 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 40-year-old female who sustained an injury to her cervical spine on 06/04/12. The mechanism of injury was not documented. The injured worker stated that her neck injury was due to cumulative injuries performing her customary job duties and requirements as a customer service representative. She stated that she does not believe that her workstation was comfortable. The injured worker also complained of severe wrist pain right hand/arm numbness. The injured worker stated that the pain becomes more severe with prolonged computer work, strenuous gripping and lifting. An EMG/NCV of the bilateral upper extremities dated 07/17/12 revealed no evidence of median or ulnar compression across the wrist. No evidence of ulnar compression around the cubital tunnel or around the elbow. MRI the cervical spine dated 08/03/12 revealed straightening of the cervical lordosis which may be due to injured worker position or muscle spasm, but no other significant abnormality.

IMR ISSUES, DECISIONS AND RATIONALES

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

OCCIPITAL NERVE BLOCK UNDER GUIDANCE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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 Block (GONB).

Decision rationale: The request for greater occipital nerve block under guidance is not medically necessary. The ODG states that treatment with simple nerve blocks is under study for use in treatment of primary headaches. Studies on the use of greater occipital nerve block (GONB) for migraine 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 this modality for treatment of primary headaches. A recent study has shown that (GONB) is not effective for treatment of chronic tension headache. Given the clinical documentation submitted for review, medical necessity of the request for greater occipital nerve block under guidance has not been established. The request is not medically necessary and appropriate.