

Case Number:	CM14-0008102		
Date Assigned:	02/12/2014	Date of Injury:	04/24/2013
Decision Date:	07/15/2014	UR Denial Date:	01/06/2014
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 Orthopedic Surgery, has a subspecialty in Spine Fellowship 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 27-year-old male who has submitted a claim for a headache associated with an industrial injury date of April 24, 2013. Medical records from 2013 were reviewed. The patient was being treated for electrocution and burns. He currently complains of occipital headache rated 8-10/10. He has previously received four (4) greater occipital nerve blocks. The last one was given on January 14, 2014, which provided immediate relief. Previous blocks provided greater than 50% pain relief for a one to two (1-2) weeks duration. A physical examination showed tenderness over the bilateral occiput. The diagnoses include electrocution; deep third (3rd) degree burn of the hand; and occipital headache. The treatment plan includes a request for greater occipital nerve pulsed radiofrequency. The treatment to date has included oral analgesics, home exercise program, aqua therapy and bilateral greater occipital nerve injections. The utilization review from January 6, 2014 denied the request for one (1) bilateral greater occipital nerve pulsed radiofrequency between 12/31/13 and 02/14/14, because the guidelines do not recommend this treatment. There was also no documented failure of conservative care prior to the procedure.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE (1) BILATERAL GREATER OCCIPITAL NERVE PULSED RADIOFREQUENCY: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pulsed radiofrequency treatment (PRF).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pulsed radio frequency treatment (PRF) Page(s): 102.

Decision rationale: The Chronic Pain Guidelines do not recommend pulsed radiofrequency treatment (PRF). It is considered investigational/not medically necessary for the treatment of chronic pain syndrome. In this case, the patient has been complaining of occipital headaches for which bilateral greater occipital nerve pulsed radiofrequency was requested. The guideline does not support this type of treatment, because it is considered investigational and not medically necessary for chronic pain. There was no compelling rationale concerning the need for variance from the guideline. Therefore, the request for one (1) bilateral greater occipital nerve pulse radiofrequency is not medically necessary.