

<b>Case Number:</b>	CM14-0009803		
<b>Date Assigned:</b>	02/21/2014	<b>Date of Injury:</b>	08/22/2007
<b>Decision Date:</b>	07/24/2014	<b>UR Denial Date:</b>	01/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/27/2014

### 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:

This is a 53-year-old male with an 8/22/07 date of injury. Records indicate that the patient sustained a left lower leg fracture with an injury to the knee. To 4/14 progress report describes neck pain radiating down the right upper extremity, low back pain with radiation, shoulder pain. Physical exam stated that the patient uses a cane to ambulate and no head and neck examination. 11/30/13 MRI of the cervical spine showed multilevel disk bulges with no specific anatomic impingement. The diagnoses included cervical radiculopathy, lumbar radiculopathy, iatrogenic opiate dependency, insomnia, status post right shoulder surgery, and multiple emergency room visits with chronic nausea and vomiting. 11/12/13 progress report describes low back pain radiating into the extremities and neck pain radiating into the upper extremities and the patient reports having occipital headaches. Physical exam of the head showed tenderness of the right occipital area upon palpation. On this date, the patient was given a B12 injection and a Toradol injection, and the requested treatment plan included greater occipital nerve block on the right (to be included with cervical ESI once authorized). 10/15/13 progress report describes low back pain radiating into the extremities and neck pain radiating into the upper extremities. There was no mention of any occipital pain or headaches. There was no occipital tenderness on this date. Another B12 injection and Toradol injection was given. Medications listed include Redstone, cyclobenzaprine, gabapentin, hydrocodone, ondansetron, hydromorphone, MS Contin, and trazodone.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**OCCIPITAL NERVE BLOCK:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Head Chapter, Neck Chapter.

**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, Neck Chapter.

**Decision rationale:** ODG states that greater occipital nerve blocks are understudy for use in the treatment of primary headaches. It is also understudy for a diagnosis of occipital neuralgia and cervicogenic headaches. There is little evidence that these blocks provide sustained relief. There was one date in November where the patient reports "occipital headaches". These have not been further delineated in terms of frequency or duration. The notes before this time do not describe any headaches. The guidelines state that occipital blocks are understudy. There has not been any provided trend of this patient's headaches. According to the ODG guidelines, medical necessity has not been established. Therefore, the request is not medically necessary.