

Case Number:	CM14-0106439		
Date Assigned:	07/30/2014	Date of Injury:	01/23/2008
Decision Date:	10/02/2014	UR Denial Date:	06/17/2014
Priority:	Standard	Application Received:	07/09/2014

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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 43-year-old man who sustained a work-related injury on January 25, 2008. Subsequently, she developed chronic neck pain. According to a progress note dated on June 4, 2014, the patient was complaining of posterior neck pain, pain and paresthesia over the left facial area. Her physical examination demonstrated the cervical tenderness, right thoracic paraspinal tenderness with spasm. The patient was diagnosed with C5-C6 disc herniation. The patient was tried on Lyrica, Cymbalta, Elavil and Neurontin. There is no clear documentation effect of these drugs. The patient was treated with clonazepam. The provider requested authorization for left occipital nerve block.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Occipital Nerve Block Injection, Cervical Spine: 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): Neck Chapter Grater Occipital Nerve Block

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) <Insert Section (Greater occipital nerve block, therapeutic.>

(<http://www.worklossdatainstitute.verioiponly.com/odgtwc/neck.htm#Greateroccipitalnerveblocktherapeutic>).

Decision rationale: According to ODG guidelines, occipital nerve block, therapeutic < Under study for treatment of occipital neuralgia and cervicogenic headaches. There is little evidence that the block provides sustained relief, and if employed, is best used with concomitant therapy modulations. (Biondi, 2005) Current reports of success are limited to small, noncontrolled case series. Although short-term improvement has been noted in 50-90% of patients, many studies only report immediate postinjection results with no follow-up period. In addition, there is no gold-standard methodology for injection delivery, nor has the timing or frequency of delivery of injections been researched. (Haldeman, 2001) (Inan, 2001) (Vincent, 1998) Limited duration of effect of local anesthetics appears to be one factor that limits treatment and there is little research as to the effect of the addition of corticosteroid to the injectate. There is no clear documentation that the patient failed oral medications used to treat her pain. There is no controlled studies supporting the use of occipital nerve block for the treatment of the patient pain. Therefore, the request for Left Occipital Nerve Block Injection, Cervical Spine is not medically necessary.