

Case Number:	CM14-0011630		
Date Assigned:	02/21/2014	Date of Injury:	10/07/2009
Decision Date:	06/25/2014	UR Denial Date:	12/30/2013
Priority:	Standard	Application Received:	01/29/2014

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 Anesthesia, has a subspecialty in Acupuncture & 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 40-year-old female injured worker with date of injury 10/7/09 with related head, neck and bilateral upper extremity pain. She is status post arthroscopic triangular fibrocartilage (TFC) debridement, left wrist and left endoscopic carpal tunnel release 1/3/14. She had a C4-C6 cervical fusion 6/2012. MRI (magnetic resonance imaging) of the cervical spine dated 4/2011 revealed spondylosis at C4-C5 and multilevel disc disease. She has been treated with surgery, trigger point injections, occipital nerve block, chiropractic therapy, physical therapy and medication management. The date of utilization review (UR) decision was 12/30/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

OUTPATIENT OCCIPITAL NERVE BLOCKS: Overturned

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, Greater 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) Head, Greater occipital nerve block

Decision rationale: The MTUS is silent on occipital nerve blocks. Per Official Disability Guidelines (ODG), greater occipital nerve blocks are "Under study for use in treatment of primary headaches. Studies on the use of greater occipital nerve block (GONB) for treatment of 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. The block may have a role in differentiating between cervicogenic headaches, migraine headaches, and tension-headaches." Per 9/24/13 progress report, the injured worker underwent an occipital nerve block 9/2013 for the excruciating headaches she had developed. She reported that her headaches had decreased somewhat since the nerve block. As such, the request is medically necessary.