

Case Number:	CM14-0011795		
Date Assigned:	02/21/2014	Date of Injury:	07/28/2009
Decision Date:	06/25/2014	UR Denial Date:	01/21/2014
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 Physical Medicine and Rehabilitation, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 59 year old female with a 7/28/09 date of injury who presents with shoulder pain, neck pain radiating to shoulders, bilateral knee pain, and low back pain radiating to both legs. The diagnoses include brain concussion, post concussion syndrome, cerebral cortical contusion, TMJ pain, left trigeminal burning pain, paresthesias, dysesthesia bilateral carpal syndrome, status post two left knee surgeries, cervical radiculopathy, lumbar radiculopathy, left shoulder pain. There is a request for the medical necessity of occipital nerve block. There is a 07/09/13 progress note that states that the patient has persistent headaches, decreased memory. Examination shows occipital tenderness, left temporomandibular joint tenderness, cafe au lait spots on the right arm, anosmia, decreased sensation at all branches of 3 trigeminal nerve, slight weaken left hand grip, slight weak dorsiflexion, left hemi hypoesthesia, decreased sensation to bilateral ventral arms, forearms, right thenar region and left hypothenar region. There is decreased sensation in bilateral outer thighs, legs and plantar more than dorsal surface of feet. There is mild limp in the left leg, positive Romberg test and positive Tinel's sign at both wrists. There is increased lumbar and interscapular spasm and tenderness.

IMR ISSUES, DECISIONS AND RATIONALES

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

OCCIPITAL BLOCK INJECTIONS: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 (GONB Other Medical Treatment Guideline or Medical Evidence:
<Insert Other Basis/Criteria>

Decision rationale: Occipital block injections are not medically necessary per the ODG Guidelines. The MTUS does not specifically address this topic. The ODG states that occipital block injections 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 documentation submitted does not reveal evidence of cluster headaches. The documentation submitted does not reveal evidence suggesting occipital nerve entrapment. The documentation does not support the medical necessity of this injection which is under study. The request furthermore does not indicate a quantity of injections. The request for occipital block injections is not medically necessary.