

Case Number:	CM14-0012892		
Date Assigned:	02/24/2014	Date of Injury:	01/31/2013
Decision Date:	06/26/2014	UR Denial Date:	01/02/2014
Priority:	Standard	Application Received:	01/31/2014

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 & Rehabilitation 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:

According to the records made available for review, this is a 48-year-old male with a 1/31/13 date of injury. At the time (12/17/13) of request for authorization for right greater and lesser occipital nerve blocks with fluoroscopic guidance and monitored anesthesia. There is documentation of subjective (neck pain radiating to the left shoulder, arm, forearm, and hand with numbness) and objective (restricted range of motion in the cervical spine due to pain and decreased sensation in the C6 and C7 distribution) findings. His current diagnoses (displacement of the cervical intervertebral disc without myelopathy, brachial neuritis, and cervical spondylosis without myelopathy), and treatment to date (Acupuncture, TENS unit, ultrasound, and heat/cold).

IMR ISSUES, DECISIONS AND RATIONALES

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

RIGHT GREATER AND LESSER OCCIPITAL NERVE BLOCKS WITH FLUOROSCOPIC GUIDANCE AND MONITORED ANESTHESIA: 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, Greater occipital nerve block, diagnostic

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 & Upper Back Chapter, Greater occipital nerve block

Decision rationale: MTUS does not address right greater and lesser occipital nerve blocks with fluoroscopic guidance and monitored anesthesia. Official Disability Guidelines (ODG) identifies that greater occipital nerve blocks are under study for use in treatment of primary headaches, occipital neuralgia, and cervicogenic headaches. Therefore, based on guidelines and a review of the evidence, the request for right greater and lesser occipital nerve blocks with fluoroscopic guidance and monitored anesthesia is not medically necessary.