

Case Number:	CM14-0017324		
Date Assigned:	04/14/2014	Date of Injury:	12/13/2011
Decision Date:	06/30/2014	UR Denial Date:	02/04/2014
Priority:	Standard	Application Received:	02/11/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a Physician Reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The Physician Reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine, 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 Physician 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 56 year-old female with a 12/13/2011 date of injury. She has been diagnosed with cervical disc disease; and radiculopathy at left C6 according to EMG/NCV. According to the 1/7/14 anesthesiology/pain management report from [REDACTED], the patient presents with neck pain that radiates to the left shoulder with numbness and tingling to her fingers. Pain is rated at 6/10. She has tenderness and spasm over the paraspinals and trapezius muscles, Axial head compression is positive on left, Spurlings is positive on left. She had a cervical ESI with [REDACTED] on 7/21/13 without benefit, and was sent for surgical consult with [REDACTED]. She declined to have surgical intervention, and the surgeon suggested a cervical occipital block. [REDACTED] requested the occipital neve block on 1/7/14 and UR denied it on 2/4/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

PAIN MANAGEMENT INJECTION LEFT CERVICAL OCCIPITAL BLOCK (IN-HOUSE): 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 ODG-TWC guidelines, Head chapter

Decision rationale: According to the 1/7/14 anesthesiology/pain management report from the treating provider, the employee presents with neck pain that radiates to the left shoulder with numbness and tingling to the fingers. There was mention that the employee gets headaches, but apparently did not have a headache during the 1/7/14 evaluation. There were no exam findings or history provided on 1/17/14 suggestive of occipital neuralgia. The request was based on the orthopedic surgical evaluation, which was on 10/2/13. The 10/2/13 report from the orthopedic surgeon, does not mention subjective complaints or headache. The orthopedic surgeon's exam shows tender cervical paraspinals, guarding and spasm, decreased motion and positive left Spurlings. There was nothing in the exam or history provided by the orthopedic surgeon to suggest occipital neuralgia. The MTUS and ACOEM guidelines did not discuss occipital nerve blocks. The ODG guidelines were consulted. ODG states: "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." The ODG guidelines indicate there is little evidence that the blocks provide sustained relief, and are investigational. The ODG does not have strong support for the occipital nerve block, and the employee's history, examination and diagnoses did not suggest the employee has occipital neuralgia. Recommendation is to uphold the UR denial; the request is not medically necessary.