

<b>Case Number:</b>	CM14-0110418		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	03/26/2014
<b>Decision Date:</b>	09/09/2014	<b>UR Denial Date:</b>	06/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/15/2014

### 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 Family Practice 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:

The claimant is a 51 yr. old female who sustained a work related injury on 3/26/14, which involved her neck, shoulders and ankle. She was diagnosed with a right ankle fracture, left shoulder pain and a cervicogenic headache. She used Tramadol and Nabumetone for ankle pain. A progress note on 6/4/14 indicated the claimant had tenderness in the trapezius muscles, tenderness in the left mastoid area and range of motion was reduced. Neurological exam was normal.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Occipital nerve block under ultrasound:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head.

**Decision rationale:** According to the ACOEM guidelines, invasive techniques have no proven benefit in treating acute neck symptoms. According to the ODG guidelines, 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. Based on the guidelines above, the request for an occipital nerve block is not medically necessary.