

Case Number:	CM14-0120247		
Date Assigned:	08/08/2014	Date of Injury:	12/08/1987
Decision Date:	10/01/2014	UR Denial Date:	07/22/2014
Priority:	Standard	Application Received:	07/30/2014

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 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 injured worker's date of injury is 12/08/1987. This patient receives treatment for chronic neck pain with radiculopathy. Treatment has included physical therapy and nerve blocks. Cervical MRI imaging showed "C5-C6 osteophyte complex," according to the treating neurosurgeon. On 01/06/2014 this patient underwent an anterior cervical discectomy and fusion operation. The patient has persisting pain and altered sensation distally in the right hand, C6 distribution. The treating physician, in his note dated 07/02/2014, diagnosed bilateral occipital neuropathy and recommended epidural steroid injections. In addition, the physician states the patient has bilateral occipital pain that is constant and radiates from the base of the skull to the top of the head, R side > L. The pain is worse during the night.

IMR ISSUES, DECISIONS AND RATIONALES

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

Epidural Steroid Injection left Occipital Nerve: 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), Neck & Upper Back, Greater Occipital Block (therapeutic)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Neck and Upper Back, Greater occipital nerve block, therapeutic

Decision rationale: The treatment guidelines do not recommend epidural steroid blocks to treat greater occipital neuralgia because studies do not show sustained benefit for either neuralgia or cervicogenic headaches. Although some short-term benefit has been documented, there is little agreement about what the optimal mode of delivery or frequency of injections ought to be. The request for epidural steroid injection of the left occipital nerve is not medically necessary.

Epidural Steroid Injection Right Occipital Nerve: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Neck & Upper Back, Greater Occipital Block (therapeutic)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Neck and Upper Back, Greater occipital nerve block, therapeutic

Decision rationale: The treatment guidelines do not recommend epidural steroid blocks to treat greater occipital neuralgia because studies do not show sustained benefit for either neuralgia or cervicogenic headaches. Although some short-term benefit has been documented, there is little agreement about what the optimal mode of delivery or frequency of injections ought to be. The request for epidural steroid injection of the right occipital nerve is not medically necessary.