

Case Number:	CM14-0120743		
Date Assigned:	08/06/2014	Date of Injury:	01/26/2007
Decision Date:	09/23/2014	UR Denial Date:	07/02/2014
Priority:	Standard	Application Received:	07/31/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Florida. 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 52 year old female who was injured on 1/26/2007. The diagnoses are neck pain, left shoulder pain and headache. On 6/17/2014, there were subjective complaints of worsening neck pain radiating to the occipital area. The headache was described as debilitating. There was significant pain relief to the left shoulder area following left suprascapular nerve block. [REDACTED] noted that in 2012, Occipital nerve blocks followed by rhizotomy resulted in long lasting pain relief and increase in ADL. The medications are Gabapentin, Percocet and Tramadol for pain, Tizanidine and Soma for muscle spasm. A Utilization Review determination was rendered on 7/2/2014 recommending non certification for Occipital Nerve block with IV sedation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Occipital nerve block: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Head Procedure Summary.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG- Neck and Upper Back. Head Procedure summary.

Decision rationale: The CA MTUS did not address the use of Occipital Nerve blocks for the treatment of headache. Greater Occipital Nerve blocks can be utilized for the treatment of occipital neuralgia and cervicogenic headaches. The records indicate that in 2012 the patient reported sustained pain relief following occipital nerve blocks and rhizotomy. [REDACTED] noted that the current headache is debilitating despite conservative management with medications. The criteria for Occipital Nerve block were met.

IV Sedation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines:Pain Procedure Summary regarding sedation for ESI.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG- Pain Chapter.

Decision rationale: The CA MTUS did not address the use of sedation during Occipital Nerve blocks for the treatment of headache. The use of Sedation during interventional pain procedures was addressed by the ODG guidelines. Greater Occipital Nerve blocks can be utilized for the treatment of occipital neuralgia and cervicogenic headaches. The use of sedation introduces potential diagnostic and safety issues due to the inability of the patient to experience the expected pain and paresthesia that can be associated with intraneural injection. The record did not show that the patient have extreme anxiety that could lead to intolerance to a minor peripheral nerve block procedure that is similar to an intramuscular injection. The criteria for the use of IV sedation were not met.