

Case Number:	CM14-0124357		
Date Assigned:	08/08/2014	Date of Injury:	08/29/2013
Decision Date:	09/11/2014	UR Denial Date:	07/21/2014
Priority:	Standard	Application Received:	08/06/2014

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 and Rehabilitation and is licensed to practice in Nevada. 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 records, presented for review, indicate that this 45-year-old individual was reportedly injured on August 29, 2013. The mechanism of injury was not listed in these records reviewed. The most recent progress note, dated June 25, 2014, indicated that there were ongoing complaints of neck pain, headaches and bilateral upper shoulder pain. The physical examination demonstrated tenderness to palpation over the posterior aspect of the cervical spine and a decreased cervical spine range of motion. Motor function was noted to be 5/5 throughout the bilateral upper extremities. Deep tendon reflexes were noted to be 2/4 throughout. Diagnostic imaging studies were not presented. Previous treatment included physical therapy, medications, and a surgical intervention was planned. A request had been made for occipital blocks and was not certified in the pre-authorization process on July 21, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral occipital blocks under ultrasound: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Head Chapter Greater occipital nerve block.

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 updated August, 2014.

Decision rationale: It is noted that this procedure is not discussed in the MTUS or ACOEM guidelines. The parameters noted in the ODG were used. Furthermore, it is noted that such an injection is not recommended. There is little in the literature to support the efficacy of such an intervention. While noting that multiple medications are being prescribed, the diagnosis is cervical sprain/strain and facet arthropathy and the issue is the musculoskeletal lesion and not the nerve lesion. As such, the medical necessity for this has not been established.

Bilateral supraorbital blocks under ultrasound: Upheld

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

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 updated August, 2014.

Decision rationale: It is noted that this procedure is not discussed in the MTUS or ACOEM guidelines. The parameters noted in the ODG were used. Furthermore, it is noted that such an injection is not recommended. There is little in the literature to support the efficacy of such an intervention. While noting that multiple medications are being prescribed, the diagnosis is a cervical sprain/strain and facet arthropathy, the issue is the musculoskeletal lesion and not the nerve lesion. As such, the medical necessity for this has not been established.