

<b>Case Number:</b>	CM14-0127733		
<b>Date Assigned:</b>	08/15/2014	<b>Date of Injury:</b>	07/15/2003
<b>Decision Date:</b>	09/15/2014	<b>UR Denial Date:</b>	08/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/12/2014

### 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 44-year-old gentleman was reportedly injured on July 9, 2003. The mechanism of injury is noted as falling 5 to 10 feet off of a ladder. The most recent progress note, dated June 11, 2014, indicates that there are ongoing complaints of neck pain radiating to the left arm and low back pain radiating to the right leg as well as headaches. Current medications include oxycodone, Prilosec, Colace, and Senna. The physical examination demonstrated tenderness over the cervical spine and trapezius muscles with decreased cervical spine range of motion. Examination of the lumbar spine also noted tenderness of the paravertebral muscles and decreased range of motion. There was a positive straight leg raise test bilaterally. Diagnostic imaging studies of the lumbar spine revealed evidence of a previous decompression and fusion at L4 - L5. Previous treatment includes lumbar spine surgery a request had been made for a bilateral occipital nerve block and was not certified in the pre-authorization process on August 1, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bilateral occipital nerve block:** 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 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, Greater Occipital Nerve Block, Updated August 11, 2014.

**Decision rationale:** According to the Official Disability Guidelines occipital nerve blocks are under study in the treatment of primary headaches, studies on the use of greater occipital nerve block for treatment of migraine and cluster headaches show conflicting results and when positive, have found response limited to a short duration. Considering this, the request for a bilateral occipital nerve block is not medically necessary.