

<b>Case Number:</b>	CM14-0132131		
<b>Date Assigned:</b>	08/22/2014	<b>Date of Injury:</b>	03/19/2003
<b>Decision Date:</b>	09/30/2014	<b>UR Denial Date:</b>	08/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/18/2014

### 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 Internal Medicine, has a subspecialty in Pulmonary Diseases 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 injured worker is a 57 year old female with a reported date of injury on 03/19/2003. The mechanism of injury was not stated in the records. The diagnoses included cervicogenic headaches and left C3-C4 and C4-C5 facet arthropathy. The past treatments included greater occipital nerve blocks. There were no diagnostic reports submitted for review. The surgical history included a cervical discectomy and fusion at C5-C6 in 2007. On 07/07/2014, the subjective complaints consisted of severe neck pain and severe headaches. The physical examination noted tenderness over the bilateral occiput and markedly restricted cervical range of motion in all planes. There were no medications documented in the records. The treatment plan was for occipital nerve blocks and physical therapy. The rationale was to relieve headaches. The request for authorization form was dated 07/07/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Occipital Nerve Blocks:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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 (GONB); Greater occipital nerve block, therapeutic.

**Decision rationale:** The request for Occipital Nerve Blocks is not medically necessary. The Official Disability Guidelines state greater occipital nerve blocks are under study for use in treatment of primary headaches. The guidelines also state, 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-term duration. There is little evidence that the block provides sustained relief, and if employed, is best used with concomitant therapy modulations. The injured worker has chronic neck pain and severe headaches. There is a lack of documentation to verify a positive response to the previous occipital nerve blocks. As greater occipital nerve blocks are under study and there are no conclusive studies showing efficacy, they are not supported by the guidelines. In addition, the submitted request does not specify the quantity of nerve blocks requested. As such, the request for Occipital Nerve Blocks is not medically necessary.