

Case Number:	CM14-0141767		
Date Assigned:	09/10/2014	Date of Injury:	09/14/1994
Decision Date:	11/05/2014	UR Denial Date:	08/21/2014
Priority:	Standard	Application Received:	09/02/2014

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 Practice and is licensed to practice in Texas and Mississippi. 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 61-year-old male who reported an injury on 09/14/1994. The injured worker reportedly twisted his lower back while reaching into his work truck. Previous conservative treatment includes medication management, chiropractic therapy, and physical therapy. Current diagnoses include occipital neuropathy versus occipital neuralgia, musculotendinoligamentous injury in the cervical spine, cervical disc bulge, cervical radiculopathy, adjustment reaction, chronic pain, osteoarthritis of the knee, shoulder injury, lumbar spine disc bulging, status post lumbar laminectomy syndrome, lumbar facet arthropathy, lumbar radiculopathy, adhesive capsulitis, impingement syndrome, muscle weakness, sacroiliac dysfunction, insomnia, fracture of the ankle, medial meniscus tear, acromioclavicular sprain, rotator cuff tendonitis, tendinoligamentous injury of the knee and ankle, musculoligamentous sprain of the thoracic and lumbar spine, failed back syndrome, status post cervical spine surgery, and status post right ankle surgery. The injured worker was evaluated on 07/14/2014. The injured worker reported persistent neck pain, lower back pain, and right shoulder pain. Physical examination was not provided on that date. Treatment recommendations included a referral for cervical trigger point injections and a greater occipital nerve injection. There was no Request for Authorization form submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Greater Occipital Nerve Injection: 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 Head Chapter, Greater occipital nerve block (GONB)

Decision rationale: The Official Disability Guidelines state greater occipital nerve blocks are currently under study for use in treatment of primary headaches. The injured worker does not maintain a diagnosis of migraine or cluster headaches. As the Official Disability Guidelines state greater occipital nerve blocks are currently under study, the current request cannot be determined as medically appropriate at this time.