

<b>Case Number:</b>	CM14-0152549		
<b>Date Assigned:</b>	10/23/2014	<b>Date of Injury:</b>	04/13/1993
<b>Decision Date:</b>	12/10/2014	<b>UR Denial Date:</b>	09/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/18/2014

### 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 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 56 year old female who was injured on 4/13/1993. The diagnoses are occipital neuralgia, brachial neuritis, cervical radiculopathy, headache, neck ache, muscle spasm, fibromyalgia and status post cervical laminectomy. There are associated history of anxiety, depression and opioid induced chronic nausea. On 8/26/2014, the provider noted subjective complaint of migraine type headache located at the posterior neck that gets worse twice a month. There are objective findings of occipital area muscle spasm, positive Tinel sign over the Occipital nerve and decrease range of motion of the cervical spine. On 9/18/2014, subjective complaint of pain score of 6/10 on a scale of 0 to 10 was noted. The patient reported that the headache had significantly decreased following the 1/3/2014 cervical epidural steroid injection. The patient did not report any new symptom. The medications are Lyrica, Neurontin and Maxalt for pain and headache, Valium for anxiety, Flexeril for muscle spasm and ondansetron for nausea. A Utilization Review determination was rendered on 9/11/2014 recommending non certification for MRI of the Brain and 1 Ultrasound guided left Greater Occipital nerve block.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 MRI of the brain:** 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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain, Head

**Decision rationale:** The CA MTUS did not full address the use of MRI in the evaluation of chronic headache. The ODG guidelines recommend that radiological evaluation can be utilized when there is a deterioration of the subjective or objective findings of chronic headache. The guidelines recommend that the use of MRI is indicated is there is intracranial pathology such as traumatic brain injury or deteriorating neurological deficits cannot be fully evaluated by CT scan. The records indicate that the patient reported that the headache had improved following the cervical epidural steroid injections that was performed in January, 2014. There are no subjective or objective signs of neurological deficits. The patient is utilizing prophylactic and abortive headache medications. The criteria for MRI of the Brain were not met.

**1 ultrasound (U/S) guided Greater Occipital Nerve Block (LT):** 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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Head and Neck

**Decision rationale:** The CA did not address the use of Occipital nerve blocks for the treatment of Occipital Neuralgia. The ODG guidelines recommend that occipital nerve blocks can be utilized as a diagnostic and therapeutic treatment of recurrent occipital neuralgia and migraine headache that did not resolve with conservative management with medications. The records indicate that the patient is utilizing high doses of multiple medications for the prophylaxis and treatment of occipital headache. The patient is experiencing side effects related to the high doses of the medications. Although there was a reduction in pain score associated with a past cervical epidural steroid injection, the occipital neuralgia is prone to frequent flare ups. The criteria for 1 ultrasound guided left Greater Occipital nerve block were met.