

Case Number:	CM14-0153380		
Date Assigned:	10/10/2014	Date of Injury:	06/24/2010
Decision Date:	11/10/2014	UR Denial Date:	09/10/2014
Priority:	Standard	Application Received:	09/19/2014

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, and is licensed to practice in New York. 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 claimant is a 60 year old male who reported an industrial injury on 06/24/2010. The mechanism of injury occurred when the claimant heard a pop and experienced severe pain in the neck while crawling underneath a cross base landing cable. His diagnoses include bilateral occipital headaches, chronic cervical radiculopathy, myofascial pain syndrome, s/p decompressive cervical laminectomies, and posterolateral fusion, s/p spinal cord stimulator insertion and removal, left glenoid labral tear, and right knee meniscus tear s/p arthroscopic surgery. He continues to complain of headaches at the posterior neck and blurred vision that occur daily. Physical exam of the neck noted tenderness in the posterior occipital and cervical region on the right greater than the left sides. The shoulders revealed bilateral levator scapula, trapezius, and rhomboid were all tender. Treatment in addition to surgery has included medical therapy with Tramadol. The treating provider has requested a left occipital nerve injection and a right occipital nerve injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left occipital nerve injection: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173. Decision based on Non-MTUS Citation Official Disability Guidelines, GONB (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, Greater Occipital Nerve Block

Decision rationale: Per DCG occipital nerve blocks are under study for the use in the treatment of primary headaches. Studies to date for the treatment of migraine and cluster headaches show conflicting results, and when positive, have found limited to short-term duration. There is no defined documentation of a diagnosis of migraine or cluster headache. The headaches appear contraction in origin given the claimant's extensive history of cervical disc disease with radiculopathy. Per ODG occipital nerve block therapy is under study as a treatment for occipital neuralgia and cervicogenic headaches and in this case there is a lack of documentation to indicate the medical necessity for the requested treatment.

Right occipital nerve injection: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173. Decision based on Non-MTUS Citation Official Disability Guidelines, GONB (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, Greater Occipital Nerve Block

Decision rationale: Per ODG occipital nerve blocks are under study for the use in the treatment of primary headaches. Studies to date for the treatment of migraine and cluster headaches show conflicting results, and when positive, have found limited to short-term duration. There is no defined documentation of a diagnosis of migraine or cluster headache. The headaches appear contraction in origin given the claimant's extensive history of cervical disc disease with radiculopathy. Per ODG occipital nerve block therapy is under study as a treatment for occipital neuralgia and cervicogenic headaches and in this case there is a lack of documentation to indicate the medical necessity for the requested treatment.