

<b>Case Number:</b>	CM14-0158221		
<b>Date Assigned:</b>	10/01/2014	<b>Date of Injury:</b>	12/04/2012
<b>Decision Date:</b>	11/06/2014	<b>UR Denial Date:</b>	09/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/26/2014

### 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 Occupational Medicine 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic neck, mid back, and low back pain reportedly associated with an industrial injury of December 4, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; adjuvant medications; and MRI imaging of the cervical spine of June 1, 2013, notable for disk protrusion at C3-C4 with associated impingement on the exiting left L4 nerve root. In a Utilization Review Report, dated September 15, 2014, the claims administrator denied a request for bilateral greater occipital nerve block. The applicant's attorney subsequently appealed. In a September 5, 2014 progress note, applicant reported persistent complaints of neck, mid back, and low back pain. The applicant was status post right knee arthroscopy, it was further noted. Second epidural steroid injection at an unspecified region and area were sought. Work restrictions were endorsed, although it did not appear that the working with said limitations in place. In an August 22, 2014 progress note, the applicant reported persistent complaints of low back pain, neck pain, and ongoing occipital headaches. 4/10 pain with medications and 8/10 without medications was noted. The attending provider noted that the applicant had occipital headaches and/or superimposed cervical radiculopathy. The applicant was described as functionally "crippled." The applicant was considered disabled and off of work, it was noted. A greater occipital nerve block was sought along with prescriptions for gabapentin and extra strength Tylenol.

### IMR ISSUES, DECISIONS AND RATIONALES

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

## **Bilateral Greater Occipital Nerve Block: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back Chapter

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM V.3; Chronic Pain, Diagnostic / Treatment Considerations-Diagnostic Testing-Local Anesthetic Injections.

**Decision rationale:** The MTUS does not address the topic. As noted in the Third Edition ACOEM Guidelines, local anesthetic injections such as the greater occipital nerve block at issue can be used occasionally to help determine whether a complaint of headache is due to static neck position or migraine. Local anesthetic injections, thus, are recommended for diagnosing chronic pain. In this case, there is some lack of diagnostic clarity as the attending provider has posited that some of the applicant's pain complaints can be function of cervicogenic headaches versus occipital pain versus referred cervical radicular pain. Obtaining a diagnostic greater occipital nerve block to help differentiate between the possible diagnostic considerations is therefore indicated. Accordingly, the request for Bilateral Greater Occipital Nerve Block is medically necessary.