

Case Number:	CM14-0170172		
Date Assigned:	10/23/2014	Date of Injury:	01/01/1998
Decision Date:	11/21/2014	UR Denial Date:	09/15/2014
Priority:	Standard	Application Received:	10/15/2014

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 Physical Medicine & Rehabilitation, has a subspecialty in Pain Management 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 who reported an injury due to cumulative trauma on 01/01/1998. On 09/17/2014, there was a letter overriding a UR denial of 09/15/2014 for bilateral occipital blocks and cervical median branch blocks. On 09/22/2014, this injured worker underwent a cervical facet medial branch nerve block at right C2, C3, left C2, C3 and right and left greater occipital nerve blocks, under fluoroscopic guidance. Her diagnoses included cervical spondylosis and occipital neuralgia. There were no other clinical data submitted for review. There was no rationale or Request for Authorization included in this worker's chart.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral occipital blocks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Programs (FRPS) Page(s): 32.

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)

Decision rationale: Per the Official Disability Guidelines, occipital nerve blocks are under study for use in treatment of primary headaches. Studies on the use of greater occipital nerve blocks

for treatment of migraine and cluster headaches show conflicting results, and when positive, have found response limited to short term duration. The mechanism of action is not understood, nor is there a standardized method for the use of this modality for treatment of primary headaches. Since there was no clinical information submitted for review, it could not be determined whether or not this injured worker would have fallen under the guidelines for the use of an occipital nerve block. The clinical information submitted failed to meet the evidence based guidelines for occipital nerve blocks. Therefore, this request for bilateral occipital nerve blocks is not medically necessary.

Cervical median branch blocks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Programs (FRPS) Page(s): 32.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181-183.

Decision rationale: The California ACOEM Guidelines recommend that invasive techniques, for example, local injections and facet joint injections of cortisone and lidocaine, are of questionable merit. Although epidural steroid injections may afford short term improvements in pain and sensory deficits in patients with nerve root compression due to a herniated nucleus pulposus, medial branch block, offers no significant long term functional benefit, nor does it reduce the need for surgery. Facet injections of corticosteroids and diagnostic blocks are not recommended in the cervical area. The guidelines do not support this request. Additionally, there was no clinical data submitted for review to ascertain this injured worker's medical complaints or condition. The need for cervical median branch blocks was not clearly demonstrated in the submitted documentation. Additionally, the levels of the requested injections and the laterality were not specified in the request. Therefore, this request for cervical median branch blocks is not medically necessary.