

Case Number:	CM14-0170231		
Date Assigned:	10/20/2014	Date of Injury:	05/14/2001
Decision Date:	11/20/2014	UR Denial Date:	09/12/2014
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 and Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 46 years old female with an injury date on 05/14/2001. Based on the 09/02/2014 progress report provided by [REDACTED], the diagnoses are: 1. Cervical spondylosis without myelopathy 2. Post-laminectomy syndrome, cervical region 3. Primary localized osteoarthritis, shoulder region 4. Carpal tunnel syndrome 5. Lumbosacral spondylosis without myelopathy 6. Headache. According to this report, the patient complains of right neck pain, shoulder pain, bilateral lower lumbar, left wrist, and arm pain. Pain "intensity 10, 7, 8 worst, least, usual, always present, intensity varies." Numbness and tingling are noted are the left arm and hand. Weakness is noted in the right shoulder. Sensitivity to touch is noted at the right neck and shoulder. The patient states "headaches are right occipital, neck pain is made worse by lateral rotation of the cervical spine left." Patient's treatment history includes "2002 cervical facet joint injection helped, subsequent RF ablation right C3, 4, 5, 6 by SD, helped and subsequently had ACDF." There were no other significant findings noted on this report. The utilization review denied the request on 09/12/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 02/24/2014 to 09/02/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE (1) right occipital nerve block between 9/2/2014 and 11/4/2014: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Occipital Nerve Block (GONB)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head Chapter for: Greater Occipital Nerve Block (GONB)

Decision rationale: According to the 09/02/2014 report by [REDACTED] this patient presents with right neck pain, shoulder pain, bilateral lower lumbar, left wrist, and arm pain. Pain "intensity 10, 7, 8 worst, least, usual, always present, intensity varies." The treater is requesting one right occipital nerve block between 09/02/2014 and 11/04/2014. The utilization review denial letter states "since occipital nerve blocks are not effective for treatment of chronic tension headaches, the medical necessity for this treatment is not warranted." Regarding occipital nerve block, ODG guidelines state "Under study for use in treatment of primary headaches. Studies on the use of greater occipital nerve block (GONB) for treatment of migraine and cluster headaches show conflicting results, and when positive, have found response limited to a short-term duration." Moreover, per ODG, the requested procedure is under study, therefore the request is not medically necessary.