

Case Number:	CM14-0177304		
Date Assigned:	10/30/2014	Date of Injury:	01/02/2014
Decision Date:	12/05/2014	UR Denial Date:	10/21/2014
Priority:	Standard	Application Received:	10/27/2014

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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 53-year-old man who sustained a work-related injury on January 2, 2014. Subsequently, the patient developed with chronic neck pain. The patient was previously treated with the cervical fusion, left cervical block, epidural steroid injection, physical therapy and medications. The MRI of the C-spine performed on December 11, 2013 demonstrated degenerative disc disease and anterior spinal fusion. According to a progress report dated on July 19, 2014, he was receiving treated with the C2-C3 nerve block with 30-40 percent pain relief. The patient was taking Neurontin and Fioricet. His physical examination demonstrated occipital area tenderness. The patient was diagnosed with occipital neuralgia. The provider requests authorization for occipital nerve block injection and possible trial of SES.

IMR ISSUES, DECISIONS AND RATIONALES

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

Occipital Nerve Block Injection and possible trial of SES: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Head Chapter, and 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) Greater Occipital Nerve Block, Therapeutic and

<http://www.worklossdatainstitute.verioiponly.com/odgtwc/neck.htm#Greateroccipitalnerveblocktherapeutic>

Decision rationale: According to ODG guidelines, Occipital Nerve Block, Therapeutic is under study for treatment of occipital neuralgia and cervicogenic headaches. There is little evidence that the block provides sustained relief, and if employed, is best used with concomitant therapy modulations. (Biondi, 2005) Current reports of success are limited to small, non-controlled case series. Although short-term improvement has been noted in 50-90 percent of patients, many studies only report immediate post injection results with no follow-up period. In addition, there is no gold-standard methodology for injection delivery, nor has the timing or frequency of delivery of injections been researched. (Haldeman, 2001) (Inan, 2001) (Vincent, 1998) Limited duration of effect of local anesthetics appears to be one factor that limits treatment and there is little research as to the effect of the addition of corticosteroid to the injectate. There is no clear documentation that the patient failed oral medications used to treat his pain. There are no controlled studies supporting the use of occipital nerve block for the treatment of the patient pain. Therefore, the request for Occipital nerve block injection and possible trial of SES is not medically necessary.