

Case Number:	CM14-0181238		
Date Assigned:	11/05/2014	Date of Injury:	03/09/2011
Decision Date:	12/10/2014	UR Denial Date:	10/09/2014
Priority:	Standard	Application Received:	10/30/2014

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 55-year-old woman who sustained a work-related injury on March 9, 2011. Subsequently, she developed chronic neck and back pain. MRI of the thoracic spine dated January 9, 2012 showed a left paracentral disc protrusion at T8-9 that abuts the left ventral aspect of the spinal cord producing spinal canal and left neuroforaminal narrowing. At T11-12, a disc protrusion abuts the thecal sac. MRI of the cervical spine dated January 9, 2012 showed a disc protrusion at C4-5 that abuts the spinal cord producing spinal canal narrowing. There was also straightening of the cervical lordosis which may be due to myospasm. According to a progress note dated June 17, 2014, the patient stated that she continues to have difficulty with activities of daily living. In the past, the occipital blocks were very beneficial. On examination, the patient could not recollect 2 out of 5 objects after 1 and 5 minutes. She could do serial sevens, with mistakes. She had slightly weak right hand grip. She had mildly weak left foot dorsiflexion. Sensation was decreased bilaterally at the ventromedial arms. Sensation was decreased at the left thenar and right hypothenar region. Sensation was decreased bilaterally at the outer thighs, legs, and plantar surfaces of the feet. She had a slight limp with her left leg. Romberg test was positive. She had left more than right shoulder tenderness with limited ranges of motion. She had cervical more than interscapular and lumbar spine pain. She had positive Tinel's sign at both wrists, more noted on the left side than the right. Straight leg raising was positive on the left at 30 degrees and on the right at 50 degrees with pain radiating into the ipsilateral thigh. The patient was diagnosed with posttraumatic cephalgia and dizziness, shoulder pain with internal derangement, cervical radiculopathy with traumatic discopathy, thoracic pain with traumatic discopathy, lumbar radiculopathy with traumatic discopathy, emotional distress, sleep disturbance, cognitive problems, and epigastric complaints. The provider requested authorization for occipital block injections and pre ops for occipital block injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Occipital block injections: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Head Chapter, 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) <Insert Section (Greater occipital nerve block, therapeutic.> (<http://www.worklossdatainstitute.verioiponly.com/odgtwc/neck.htm#Greateroccipitalnerveblocktherapeutic>)

Decision rationale: According to ODG guidelines, occipital nerve block, therapeutic < 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, noncontrolled case series. Although short-term improvement has been noted in 50-90% of patients, many studies only report immediate postinjection 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 her pain. There is no controlled studies supporting the use of occipital nerve block for the treatment of the patient pain. There is no accurate characterization of the patient headache and no evidence that the occipital nerve is the main pain generator. Therefore, the request for Occipital Nerve Block.

Pre ops for occipital block injection: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.