

Case Number:	CM14-0181790		
Date Assigned:	11/06/2014	Date of Injury:	09/20/2011
Decision Date:	12/11/2014	UR Denial Date:	10/21/2014
Priority:	Standard	Application Received:	11/03/2014

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 Interventional Spine 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 patient is a 48 year old female with an injury date of 09/20/11. Based on the 07/07/14 progress report provided by [REDACTED] the patient complains of neck pain with stiffness and muscle spasms radiating to the arms. Physical examination cervical spine revealed tenderness to palpation to bilateral paraspinals and trigger points noted on the right upper trapezius muscle. Range of motion was decreased in all planes. Patient has had trigger point injections to the right upper trap with good results. Patient's medications include Norco, Tramadol, Lidoderm patch and Colace. Diagnosis 07/07/14 are status post anterior cervical discectomy and fusion C5-6 with probable pseudoarthrosis, anxiety and depression. Dr. [REDACTED] is requesting Bilateral Occipital Nerve Blocks. The utilization review determination being challenged is dated 10/21/14. [REDACTED] is the requesting provider and he provided treatment reports from 06/17/14 - 09/30/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral occipital nerve blocks: 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

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, Greater occipital nerve block (GONB)

Decision rationale: The patient presents with neck pain with stiffness and muscle spasms radiating to the arms. The request is for Bilateral Occipital Nerve Blocks. The patient is status post anterior cervical discectomy and fusion, C5-6, with probable pseudoarthrosis. Diagnosis dated 07/07/14 includes anxiety and depression. Per progress report dated 07/07/14, the patient has had trigger point injections to the right upper trap with good results. Patient's medications include Norco, Tramadol, Lidoderm patch and Colace. ODG Guidelines, Head chapter, Greater occipital nerve block (GONB) states: "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." Provider has not discussed reason for the request in review of medical records. Patient does not present with headaches or occipital neuralgia. Moreover, the request for bilateral occipital blocks is not supported by guidelines. Therefore, this request is not medically necessary.