

Case Number:	CM14-0033046		
Date Assigned:	05/05/2014	Date of Injury:	10/05/2007
Decision Date:	07/09/2014	UR Denial Date:	01/24/2014
Priority:	Standard	Application Received:	02/19/2014

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 Anesthesiology and is licensed to practice in Texas. 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 54 year old who was injured on 10/5/2007. The diagnoses listed are neck pain, Occipital neuralgia, headache, status post cervical fusion and myofascial pain syndrome. On 10/31/2013, [REDACTED] documented that the patient complained of neck pain radiating to the occipital area, headache and neck pain. There was positive Spurling's sign, positive facet loading and myofascial trigger points. The patient had an 80% reduction in pain following PT, cervical facet rhizotomy and trigger points injections. The medications are Tramadol, Dendracin lotion, Atenolol and Gabapentin. A Utilization Review determination was rendered on 1/24/2014 recommending non certification for bilateral occipital nerves block.

IMR ISSUES, DECISIONS AND RATIONALES

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

BILATERAL GREATER OCCIPITAL NERVE BLOCK: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back. Greater Occipital Nerve block; therapeutic.

Decision rationale: The ODG addressed the use of occipital nerve blocks for the treatment of occipital neuralgia and cervicogenic headaches. The blocks provide sustained pain relief when used concomitantly with other modes of treatment such as medication management. The patient had a history of significant responses to interventional pain procedures. The recommended first line medications such as Atenolol and Gabapentin are already being utilized. The criteria for intervention bilateral greater occipital nerve blocks were met due to failure of conservative management. As such, the request is medically necessary and appropriate.