

Case Number:	CM14-0035510		
Date Assigned:	06/23/2014	Date of Injury:	02/20/2007
Decision Date:	08/12/2014	UR Denial Date:	03/03/2014
Priority:	Standard	Application Received:	03/23/2014

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 and is licensed to practice in Nevada. 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 injured worker is a 36 year-old female who was reportedly injured on February 22, 2007. The mechanism of injury is not listed in these records reviewed. The most recent progress note dated March 10, 2014, indicates that there are ongoing complaints of left shoulder and cervical spine pain. The physical examination demonstrated no overt pathology finding a physical examination. Diagnostic imaging studies objectified degenerative changes in the cervical spine. Previous treatment includes multiple medications, surgical intervention, conservative modalities and pain management. A request had been made for acceptable nerve block and was not certified in the pre-authorization process on March 3, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Third Occipital Nerve Block with Low Volume Anesthetic Fluoroscopy: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment for Workers Compensation, Online Edition Chapter: Neck and Upper Back Greater Occipital nerve block, diagnostic.

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, updated June, 2014.

Decision rationale: This procedure is under study for the treatment of headaches. The most recent progress notes did not identify specific complaints of headaches nor are there any physical examination findings to suggest this nerve is compromise. Therefore, based on the medical records presented for review, there is no medical necessity for this injection.