

Case Number:	CM14-0037995		
Date Assigned:	06/25/2014	Date of Injury:	05/20/2008
Decision Date:	07/28/2014	UR Denial Date:	03/05/2014
Priority:	Standard	Application Received:	04/01/2014

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 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 Injured Worker is a 53-year-old patient with a date of injury of 5/20/2008. The mechanism of injury is described as the claimant being stuck in both the back of the head and face while opening a steel and concrete door. There is a reported loss of consciousness at the time of the event. Per the exam dated 6/20/13, the claimant still reports persistent headaches and intermittent balance difficulties. The Neurological exam is notable for sensory abnormalities in the right V1-V2 distribution of cranial nerve five in addition to the right occipital region. The extra-ocular portion of the exam is reported as making the claimant have feelings of vertigo during the exam. A brain and cervical spine MRI are reported as normal. The claimant has been treated for pain with several opioids, Topamax, tri-cyclic antidepressants, sertraline and Midrin. A previous request for an occipital nerve block and occipital nerve pulsed radio frequency ablation was determined to be not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Second R Occipital Nerve Block: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines for Head regarding Greater occipital nerve block (GONB).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG Head Greater Occipital Nerve Block (GONB).

Decision rationale: According to the Official Disability Guidelines (ODG), the use of an occipital nerve block has shown conflicting results. It has been investigated looking at the treatment of migraine and cluster headaches and in the cases where it was found to be positive, it was only for a short time. In this case, the claimant reports headaches as part of his post concussive syndrome. There is no evidence provided to support the use of occipital nerve blocks for therapy or as use as a diagnostic tool in discerning headache types. Therefore, the request for a second R optical nerve block is not medically necessary and appropriate.

Greater Occipital Nerve Pulsed Radio Frequency ablation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck Chapter, Cervicogenic headache, facet joint neurotomy Official Disability Guidelines, Pain Chapter, Pulsed Radiofrequency.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain p. 102 Pulsed Radio Frequency Treatment Page(s): 102.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, the use of Pulsed Radio Frequency (PRF) treatment is considered investigational and is not medically necessary for treatment of chronic pain syndromes. The claimant describes an intractable headache as part of the post concussive syndrome. The use of PRF is not reported to be effective for the treatment of headaches. Therefore, the request for greater occipital nerve pulsed radio frequency ablation is not medically necessary and appropriate.