

Case Number:	CM14-0040717		
Date Assigned:	06/30/2014	Date of Injury:	05/31/2002
Decision Date:	08/14/2014	UR Denial Date:	03/04/2014
Priority:	Standard	Application Received:	04/07/2014

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 Family Medicine 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:

60 yr. old female claimant sustained a work injury on 5/31/2002 involving the wrist and neck. She was diagnosed with fibromyalgia and occipital neuralgia. A progress note on 2/17/14 indicated she had neck pain with reduced rotational abilities right sided occipital pain. She had been taking Tramadol and Doxepin for pain. She completed acupuncture and aquatherapy. The treating physician requested occipital nerve blocks x 3 for occipital neuralgia.

IMR ISSUES, DECISIONS AND RATIONALES

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

occipital nerve blocks, series of 3, q. 21 days from initial injection to cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174-175.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck Pain.

Decision rationale: According to the MTUS guidelines, invasive techniques such as injections have no proven benefit. According to the ACOEM guidelines, occipital nerve blocks are under study. Greater occipital nerve blocks (GONB) have been recommended by several organizations for the diagnosis of both occipital neuralgia and cervicogenic headaches. It has been noted that

both the International Association for the Study of Pain and World Cervicogenic Headache Society focused on relief of pain by analgesic injection into cervical structures, but there was little to no consensus as to what injection technique should be utilized and lack of convincing clinical trials to aid in this diagnostic methodology. Based on the above guidelines and unknown response to one injection before additional are provided, the request for 3 occipital injections are not medically necessary.