

Case Number:	CM14-0042137		
Date Assigned:	06/20/2014	Date of Injury:	07/12/2013
Decision Date:	07/21/2014	UR Denial Date:	03/04/2014
Priority:	Standard	Application Received:	03/13/2014

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 & Rehab, has a subspecialty in Interventional Spine 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 53 year old female with date of injury 7/12/13. The treating physician report dated 2/24/14 indicates that the patient presents with chronic headaches. The current diagnoses are: 1. Headache syndrome 2. Migraines without aura, intractable migraine 3. Cervicalgia with spasm of muscle The utilization review report dated 3/4/14 denied the request for greater occipital nerve pulsed radiofrequency lesioning based on lack of evidenced based guideline support.

IMR ISSUES, DECISIONS AND RATIONALES

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

Greater occipital nerve block pulsed radiofrequency lesioning Quantity: 1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Aetna Clinical Policy Bulletin (Number: 0735 Last Review: 12/06/2013).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Citation: AETNA policy regarding pulsed radiofrequency for the treatment of headaches or occipital neuralgia.

Decision rationale: The injured worker presents for evaluation following receiving a left greater occipital nerve block on 1/27/14 which provided 60% relief of her symptoms greater than 5 days. The current request is for greater occipital nerve pulsed radio frequency lesioning. In reviewing the MTUS guidelines and ODG guidelines there is no information on radiofrequency ablation (RFA) of the greater occipital nerve. ODG does not support greater occipital nerve blocks (GONB) and does not discuss moving towards RFA following GONB. In reviewing the AETNA policy regarding pulsed radiofrequency for the treatment of headaches or occipital neuralgia this procedure is not supported. There are currently no supporting guidelines for RFA of the greater occipital nerve. Recommendation is for not medically necessary.