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| Case Number: | CM14-0047085 | | |
| Date Assigned: | 07/02/2014 | Date of Injury: | 05/11/2004 |
| Decision Date: | 08/18/2014 | UR Denial Date: | 03/20/2014 |
| Priority: | Standard | Application Received: | 04/15/2014 |

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 & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 73-year-old male who reported cervical spine injury on 05/11/2004 due to an unknown mechanism of injury. The injured worker's diagnoses included a cervical spondylosis without myelopathy, occipital neuralgia and facet syndrome. He was evaluated on 08/26/2013, which it was noted that he had severe neck pain and increased bilateral occipital headaches. He previously underwent an occipital nerve block in February 2013 which provided good benefits. Physical findings included restricted cervical range of motion secondary to pain with tenderness to palpation of the vertebral spinal process from the C2 to the C4 and tenderness to palpation of the greater occipital nerve. The injured worker's treatment plan included a home exercise program, continued medications, and bilateral greater occipital nerve blocks. A request for authorization for greater occipital nerve blocks was made on 03/12/2014.

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: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Neck and Upper back, Greater occipital nerve block, therapeutic.

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 chapter, Greater Occipital Nere block, therapeutic.

Decision rationale: The request for bilateral greater occipital nerve blocks is not medically necessary. The clinical documentation submitted for review does indicate that the injured worker previously underwent greater occipital nerve blocks for cervicogenic pain. However, the requested treatment is considered under study as there is little scientific evidence to support sustained relief. In addition, the clinical documentation does not adequately address duration of relief to support extending treatment beyond guideline recommendations. As such, the request for bilateral greater occipital nerve blocks is not medically necessary.