

<b>Case Number:</b>	CM14-0047836		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	10/19/2001
<b>Decision Date:</b>	08/25/2014	<b>UR Denial Date:</b>	03/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/14/2014

### 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 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 55-year-old male who reported an injury on 10/19/2001. The mechanism of injury was not specifically stated. The current diagnoses include cervical radiculitis, status post cervical spine fusion, chronic pain, lumbar radiculitis, status post lumbar fusion, bilateral carpal tunnel syndrome, right elbow pain, occipital neuralgia, depression, gastritis, insomnia, medication-related dyspepsia, obesity, and cubital tunnel syndrome. The injured worker was evaluated on 03/05/2014 with complaints of persistent neck and lower back pain with ongoing headaches. Previous conservative treatment was not mentioned. Physical examination revealed occipital tenderness on the right, moderately limited cervical range of motion, tenderness to palpation from L4 through S1, tenderness at the right elbow and bilateral wrists, and positive Tinell's and Phalen's testing on the right. Treatment recommendations at that time included a right occipital nerve block and continuation of the current medication regimen.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **Occipital Nerve Block on 3/5/14: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (odg-twc.com): Neck and Upper Back Chapter, updated 03/07/2014; Haldeman, 2001; Biondi, 2005; Leone, 1998; Aetna, 2006; Bogduk, 2004; Bovim, 1992; Inan, 2001; Vincent, 1998;.

**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, Greater occipital nerve block (GONB).

**Decision rationale:** The Official Disability Guidelines state greater occipital nerve blocks are currently under study for use and treatment of primary headaches. As per the documentation submitted, the injured worker does report persistent headaches. However, there is no documentation of a previous course of treatment provided for the chronic headaches. There is no documentation of the type, frequency, and severity of the headaches, nor evidence of any previous injection results. Based on the clinical information received and the Official Disability Guidelines, the request is not medically necessary.