

<b>Case Number:</b>	CM14-0049155		
<b>Date Assigned:</b>	06/25/2014	<b>Date of Injury:</b>	06/27/2005
<b>Decision Date:</b>	07/25/2014	<b>UR Denial Date:</b>	02/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/26/2014

### 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 Pain Medicine and is licensed to practice in Texas. 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 54 year old female who sustained an injury to her greater occipital region on the left side on 06/27/05 while unlocking cabinets in the stock room. Plain radiographs of the cervical spine revealed C4-5 disc a bit hypermobile; flexion/extension views showed some hypermobility at this level. The records indicate that the injured worker is status post two level fusion surgery and a CT scan reportedly revealed that the levels are fused at C5-6 and C6-7. The injured worker continued to complain of neck pain radiating down the left upper extremity, low back radiating down to the left lower extremity, and ongoing occipital headaches at 8/10 on the visual analog scale (VAS). Physical examination noted spinal tenderness at C4-C7, cervical range of motion limited due to pain and pain increased with range of motion. She was diagnosed with thoracic pain, lumbar spine pain and headaches.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bilateral Greater Occipital Injection-Left:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174-175. Decision based on Non-MTUS Citation Official Disability Guidelines TWC Head 2013, Greater Occipital Nerve Block.

**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 request for bilateral greater occipital nerve injection left is not medically necessary. The previous request was denied on the basis that the requested modality does not address this issue. The injury occurred over 8 years ago and the injured worker is well beyond the transitional phase between acute and chronic pain. The Official Disability Guidelines (ODG) states that treatment with this modality is under study for use in treatment of primary headaches. Studies on the use of greater occipital nerve block (GONB) for treatment of migraine and cluster headaches show conflicting results and when positive have found response limited to a short term duration. The mechanism of action is not understood, nor is there a standardized method of the use of this modality for treatment of primary headaches. Given this, medical necessity of the request for bilateral greater occipital nerve injection left is not established.