

Case Number:	CM14-0050571		
Date Assigned:	06/25/2014	Date of Injury:	09/26/2011
Decision Date:	08/07/2014	UR Denial Date:	03/07/2014
Priority:	Standard	Application Received:	03/24/2014

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 Internal Medicine & Emergency Medicine, and is licensed to practice in Florida. 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:

This patient is a 34-year-old with a date of injury of 09/26/11. A progress report associated with the request for services, dated 02/26/14, identified subjective complaints of neck pain over the lesser occipital nerve region. Objective findings included tenderness to palpation over the occipital nerves and decreased range-of-motion of the cervical spine. The diagnoses included bilateral occipital neuralgia; myofascial pain syndrome; and rule-out cervical disc disease. The treatment has included physical therapy, oral analgesics, and an anti-seizure agent. A Utilization Review determination was rendered on 03/06/14 recommending non-certification of bilateral occipital block, CPT 64405 for the neck.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral occipital block, CPT 64405 for the neck: 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), Treatment of occipital neuralgia and cervicogenic headaches.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 48, Chronic Pain Treatment Guidelines Injection with Anesthetics and/or Steroids Page(s): 54. Decision based on Non-MTUS Citation Official Disability Guidelines

(ODG), Head; Neck, Greater Occipital Nerve Block; Greater Occipital Nerve Block, Therapeutic.

Decision rationale: TThe MTUS Chronic Pain Medical Treatment Guidelines states that injections of corticosteroids or local anesthetics should be reserved for patients who do not improve with more conservative therapies. They do not specifically address occipital nerve injections. The Official Disability Guidelines (ODG) states that occipital nerve blocks only result in a short-term response for migraine and cluster headaches. Likewise, in occipital neuralgia and cervicogenic headaches, there is little evidence that a block provides sustained relief. Otherwise, there is no recommendation for their use. In this case, the record does not document the accepted indication for an occipital nerve block and therefore the medical necessity for bilateral occipital nerve injections. In this case, the record does not document the accepted indication for an occipital nerve block and therefore the medical necessity for bilateral occipital nerve injections is not established. The request is not certified.