

Case Number:	CM14-0051108		
Date Assigned:	07/07/2014	Date of Injury:	09/03/2010
Decision Date:	08/21/2014	UR Denial Date:	03/21/2014
Priority:	Standard	Application Received:	04/18/2014

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 Occupational Medicine 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic knee and shoulder pain reportedly associated with an industrial injury of September 3, 2010. Thus far, the applicant has been treated with the following: Analgesic medications; unspecified amounts of chiropractic manipulative therapy, physical therapy, and acupuncture; transfer of care to and from various providers in various specialties; and adjuvant medication. In a progress note dated February 26, 2014, the claimant presented with ongoing complaints of neck pain, arm pain, low back pain, and left leg pain, reportedly ameliorated as a result of Norco and Neurontin usage. There were symptoms suggestive of cervical spasm, trapezius pain, occipital neuralgia, lumbar radiculopathy, lumbar spasm, and depression, the attending provider posited. The attending provider suggested epidural steroid injection therapy and/or consideration of occipital nerve block therapy. On February 13, 2014, an occipital nerve block was endorsed. The claimant was given a rather proscriptive 10-pound lifting limitation. Norco and Neurontin were renewed. It was stated that the claimant was not working. There was no evidence that the claimant had undergone any kind of prior occipital nerve block in the past.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 left Occipital Nerve Block: Overturned

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 for Workers' Compensation, Online Edition Chapter: Neck and Upper Back ; Greater occipital nerve block, diagnostic.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Third Edition, Chronic Pain Chapter, Local Anesthetic Injections section.

Decision rationale: As noted in the Third Edition ACOEM Guidelines Chronic Pain Chapter, local anesthetic injections including the greater occipital nerve block in question here, are recommended for diagnosing chronic pain. In this case, the attending provider has posited that the applicant has a variety of possible diagnostic considerations, including chronic neck pain, nonspecific neck pain, cervical spasm/paracervical spasm/trapezius spasm, and/or possible occipital neuralgia. Obtaining a local anesthetic injection such as the occipital nerve block in question is indicated to help to try and isolate, diagnose, and/or establish the source of the applicant's chronic pain complaints. Therefore, the request for 1 left occipital nerve block is medically necessary and appropriate.