

Case Number:	CM14-0052469		
Date Assigned:	07/07/2014	Date of Injury:	04/20/2005
Decision Date:	08/06/2014	UR Denial Date:	04/04/2014
Priority:	Standard	Application Received:	04/21/2014

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, has a subspecialty in Pain 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:

This is a patient with a date of injury of 4/20/05. A utilization review determination dated 4/4/14 recommends non-certification of bilateral greater occipital nerve blocks. It referenced a 3/25/14 medical report identifying chronic headaches and neck pain after being struck by a beam at work with multiple hematomas and skull fractures. He was doing much better after previous GONB (greater occipital nerve block), with 3/10 pain and increased movement in neck. There was mild tenderness and good cervical ROM noted. He would like to start decreasing Norco if the injections continue to work. A 7/15/14 medical report identifies that the patient made some progress regarding pain control for 3 weeks after injection #1 and he was recommended to continue for occipital nerve block #2 and #3.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral greater occipital nerve blocks times 2: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG (Official Disability Guidelines).

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) and Neck and Upper Back Chapter, Greater occipital nerve block, therapeutic.

Decision rationale: Regarding the request for Bilateral greater occipital nerve blocks times 2, California MTUS and ACOEM do not contain criteria for this request. ODG states that occipital nerve blocks are under study. Studies on the use of occipital nerve blocks have been conflicting and shown short-term responses at best. There is little evidence that the block provides sustained relief, and if employed, is best used with concomitant therapy modulations. Limited duration of effect of local anesthetics appears to be one factor that limits treatment. Within the documentation available for review, it appears the patient has undergone occipital nerve block #1 previously with some pain relief and improved neck ROM. The duration of relief was noted to be 3 weeks. However, there is no documentation of adjunctive therapy such as adherence to independent home exercise to maximize gains provided by injection and minimize the need for additional interventional treatment. Additionally, while an additional GONB could potentially be reasonable, the request appears to be for blocks #2 and #3. There would be no indication for performing #3 until the response to #2 was known, and unfortunately, there is no provision for modification of the current request. In light of the above issues, the currently requested Bilateral greater occipital nerve blocks times 2 are not medically necessary.