

<b>Case Number:</b>	CM14-0057429		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	06/10/2009
<b>Decision Date:</b>	07/17/2014	<b>UR Denial Date:</b>	02/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/10/2014

### 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 claimant was injured on 06/10/09. An occipital nerve block is under review. He was injured when he fell off a tractor and hit his forehead and chest. He has chronic headaches and occipital neuralgia. He was evaluated on 08/13/13. He had headaches and recurrent sinus problems since his industrial injury. He had some allergy symptoms also. He was diagnosed with posttraumatic headache and tension headaches with sinusitis. Physical examination revealed mild nasal congestion. He had tenderness bifrontally and suboccipitally. Neurologic examination was intact. An ENT referral was made. He was given Topamax. He was seen again on 10/14/13 for low back and neck pain. He was seeing [REDACTED] for headaches which had significantly decreased. An epidural steroid injection was recommended. The diagnoses did not include headaches. He was on several medications. He was seen for his headaches on 11/12/13. He denied other associated symptoms. Physical examination still showed tenderness to palpation bifrontally and suboccipitally. ENT referral was again made and he was continued on Topamax. On 02/05/14, he saw [REDACTED] again. He had increased the Topamax and the headaches had decreased. He had mild nausea from the Topamax. He stated the headache was worse in the right frontal area but could be in the frontal region generally. Physical examination revealed that pressure in the right inferior nuchal line caused radiation of the pain from the right occipital region to the front. The forehead was mildly tender. He was diagnosed with a combination of muscle contraction and occipital nerve impingement. A right occipital nerve block was recommended.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Occipital Nerve Block: 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 Index, 12th Edition (web), 2014 Head - Occipital Nerve Blocks.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head, Occipital Nerve Block.

**Decision rationale:** The history and documentation do not objectively support the request for occipital nerve block for chronic headaches. The claimant has reported improvement with topiramate. It is not clear what other conservative measures have been tried for his headaches, including local modalities, exercise, and other medications for headache, including acetaminophen, NSAIDs, or antidepressants. The ODG state "occipital nerve blocks are 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. (Ashkenazi, 2005) (Inan, 2001) (Vincent, 1998) (Afridi, 2006) The mechanism of action is not understood, nor is there a standardized method of the use of this modality for treatment of primary headaches. A recent study has shown that GONB is not effective for treatment of chronic tension headache. (Leinisch, 2005) The block may have a role in differentiating between cervicogenic headaches, migraine headaches, and tension-headaches." There is no clear evidence that occipital nerve blocks are useful for chronic headaches. There appear to be multiple reasons for this claimant to have headaches and little evidence of occipital neuralgia as only one physical examination demonstrated findings about the neck that may be related to his complaints. The medical necessity of this request has not been clearly demonstrated.