

Case Number:	CM14-0057801		
Date Assigned:	07/09/2014	Date of Injury:	09/29/1993
Decision Date:	08/21/2014	UR Denial Date:	04/18/2014
Priority:	Standard	Application Received:	04/28/2014

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 Anesthesiology, has a subspecialty in 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 47 year old female whose date of injury is 09/29/1993. The mechanism of injury is not described. Per the note dated 01/09/14, the injured worker is status post left knee arthroscopy. The injured worker underwent a greater occipital nerve block on 01/13/14 with pain relief for three weeks, and again in March 2014 that lasted for approximately one week. The injured worker does have an intrathecal pain pump in place. A follow up note dated 07/08/14 indicates that the injured worker reports 50% relief of her neck and upper extremity pain with alpha-stim treatment. Pain level is 6-7/10 which she attributes to her migraine. Medications include Aquaphor, Imitrex, Omeprazole, Voltaren gel, Provigil and Zofran. On physical examination there is bilateral occipital area tenderness, right greater than left. Diagnoses include lumbago, lumbar degenerative disc disease, lumbar facet arthropathy, lumbar spinal stenosis and occipital neuralgia/nocturnal migraines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pulsed radio frequency ablation GONB (greater 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, Occipital Nerve Block.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Aetna Clinical Policy Bulletin, Pulsed radiofrequency.

Decision rationale: A review of the Aetna Clinical Policy Bulletin notes that pulsed radiofrequency is experimental and investigational for all indications including occipital neuralgia and headache. It is a palliative treatment not without complications. Radiofrequency procedures have been reported to be associated with high numbers of complications compared with other ablative neurosurgical techniques. Furthermore, conventional (continuous) radiofrequency treatment occasionally results in worsening and even new onset of pain. As such, the request is not medically necessary.