

<b>Case Number:</b>	CM14-0059089		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	09/07/2011
<b>Decision Date:</b>	09/11/2014	<b>UR Denial Date:</b>	04/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/29/2014

### 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 neck pain and headaches reportedly associated with an industrial injury of September 7, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; earlier cervical fusion surgery; a TENS unit; unspecified amounts of physical therapy; opioid therapy; and adjuvant medications. In a Utilization Review Report dated April 16, 2014, the claims administrator denied a request for a suboccipital nerve block, citing non-MTUS ODG Guidelines in its denial. The claims administrator did not state whether or not the applicant had had any prior occipital nerve blocks and predicated this denial, in large part, on a tepid-to-unfavorable ODG recommendation. The applicant's attorney subsequently appealed. In an April 9, 2014 progress note, the applicant reported persistent complaints of neck pain and headaches. The applicant was using Celebrex, Norco, Lorzone, Klonopin, morphine, Neurontin, and oral Toradol, it was suggested. Tenderness, surgical scarring, and limited range of motion were noted about the cervical spine. The applicant reportedly had tenderness about the cervical paraspinal region and left suboccipital region. A left suboccipital nerve block was sought, along with medial branch block. A rather proscriptive 5-pound lifting limitation was endorsed. Multiple medications were refilled. It did not appear that the applicant was working with said limitations in place.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**LEFT SUBOCCIPITAL 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, ONLINE EDITION, CHAPTER NECK AND UPPER BACK, GREATER OCCIPITAL NERVE BLOCK, THERAPUTIC.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM V.3 Chronic Pain Diagnostic / Treatment Considerations Diagnostic Testing Local Anesthetic Injections.

**Decision rationale:** The MTUS does not address the topic. As noted in the Third Edition ACOEM Guidelines, however, local anesthetic injections, including the occipital/suboccipital nerve block at issue, are recommended in the diagnosis of various chronic pain conditions. In this case, the genesis of the applicant's neck pain has not been clearly identified. The attending provider has posited that the applicant may have cervicogenic headaches versus chronic neck pain associated with a fusion versus paraspinal neck pain versus facetogenic neck pain. The suboccipital nerve block at issue may, as suggested by ACOEM, help to determine whether the applicant's headache complaints are due to static neck positions versus migraine. Therefore, the request is medically necessary.