

Case Number:	CM14-0067361		
Date Assigned:	07/14/2014	Date of Injury:	07/08/1996
Decision Date:	09/10/2014	UR Denial Date:	04/17/2014
Priority:	Standard	Application Received:	05/12/2014

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, and is licensed to practice in Nevada. 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 records presented for review indicate that this 58-year-old male was reportedly injured on July 8, 1996. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated March 26, 2014, indicates that there are ongoing complaints of neck pain and back pain. The physical examination demonstrated tenderness over the left occipital nerve and trapezial area. There was decreased cervical spine range of motion. And upper extremity neurological examination indicated decreased sensation at the C5, C6, and C7 dermatomes. There was decreased lumbar spine range of motion and a positive straight leg raise test on the left at 40 . There was decreased sensation at the lateral aspect of the left thigh. Diagnostic imaging studies of the cervical spine indicate a disc protrusion at C4 - C5, C5 - C6, and C6 - C7 without any nerve root involvement. Nerve conduction studies revealed a C7 radiculopathy. An MRI the lumbar spine reveals a 2 mm retrolisthesis at L4 - L5 and a 4 mm anterolisthesis at L5 - S1. Previous treatment includes cervical spine epidural steroid injection. A request had been made for a left occipital nerve block, monitored Anesthesia care, and epidurography and was not certified in the pre-authorization process on April 17, 2014.

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: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back (Acute and Chronic).

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, Updated August 11, 2014.

Decision rationale: According to the Official Disability Guidelines the use of an occipital nerve block is under study for the treatment of primary headaches. Studies of the use of a greater occipital nerve block for the treatment of migraine and cluster headaches show conflicting results and when positive have found response limited to a short-term duration. Considering this, the request for a left occipital nerve block is not medically necessary.

1 Monitored Anesthesia Care: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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, Updated August 11, 2014.

Decision rationale: As the request for an occipital nerve block has been determined not to be medically necessary so is this request for monitored Anesthesia care.

1 Epidurography: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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, Updated August 11, 2014.

Decision rationale: As the accompanying request for a greater occipital nerve block has been determined not to be medically necessary so is this request for epidurography.