

Case Number:	CM14-0072929		
Date Assigned:	07/16/2014	Date of Injury:	09/03/2013
Decision Date:	08/26/2014	UR Denial Date:	05/13/2014
Priority:	Standard	Application Received:	05/20/2014

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 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 injured worker is a 55-year-old female who reported an injury due to cumulative trauma on 09/03/2013. On 03/03/2014, her diagnoses included cervical strain, herniated nucleus propulsus at C5-6 and C6-7, lumbar strain with L4-5 herniated nucleus propulsus with instability and left shoulder impingement with rotator cuff tear. These diagnoses were confirmed by x-rays of 02/21/2013, 08/16/2013 and 02/21/2014, and MRIs on 10/21/2013 and 02/01/2014. On 05/06/2014, her complaints included persistent neck pain radiating into her shoulders and low back pain. Sensory and motor examinations of the cervical spine were within normal limits. On 02/03/2014, it was noted that this worker had failed conservative treatment modalities including medications, physical therapy, injections, rest, and activity modification. The recommendations in the treatment plan were for lumbar decompression and instrumentation fusion at the L4-5 level with allograft bone and interbody cage and anterior lumbar plating. On 05/06/2014, her medications included Tramadol, Sucralfate, Alendronate, Omeprazole, and Levothyroxine. No dosages were noted. There was no rationale or Request for Authorization included in this injured worker's chart.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Greater Occipital Nerve Injection at the Right Side: 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 Greater occipital nerve block, therapeutic.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Head, Greater occipital nerve block (GONB) and Neck and Upper Back Greater occipital nerve block, diagnostic.

Decision rationale: The request for 1 greater occipital nerve injection at the right side is not medically necessary. The Official Disability Guidelines note that greater occipital nerve blocks are under study for use in treatment of primary headaches. It was further noted that relief of pain by analgesic injection into cervical structures led to misidentification of the occipital nerve as the actual pain generator, due to the fact that occipital nerve blocks are not specific. The majority of the documentation submitted refers to this injured worker's lower back and lower extremity pain. There is no documentation of her having persistent headaches. Although she was noted to have failed some conservative efforts, there was no documentation of chiropractic or acupuncture treatments to relieve some of her discomfort or improve her functional status. Furthermore, there is no documentation of her having failed trials of antidepressants or anticonvulsants or opioids stronger than Tramadol. There was no documentation of her having failed trials of muscle relaxants or trials of NSAIDs. Additionally, she does not have a diagnosis of occipital neuralgia. Therefore, this request for 1 greater occipital nerve injection at the right side is not medically necessary.