

Case Number:	CM14-0085968		
Date Assigned:	08/01/2014	Date of Injury:	12/29/2012
Decision Date:	10/02/2014	UR Denial Date:	05/21/2014
Priority:	Standard	Application Received:	06/09/2014

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 Management 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:

According to the records made available for review, this is a 32-year-old female with a 12/29/12 date of injury. At the time (2/25/14) of the request for authorization for retro bilateral greater occipital nerve blocks, ultrasound guidance, there is documentation of subjective (neck pain on the right side, radiating to the right shoulder and between shoulder blades, neck pain radiating to both suboccipital areas, around the skull and triggering frequent headaches) and objective (trigger point is noted on the right side of paravertebral muscles) findings, current diagnoses (cervical facet arthropathy, occipital neuralgia, myofascial pain syndrome, shoulder osteoarthritis, and encounter for therapeutic drug monitoring), and treatment to date (medication and injections).

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro Bilateral Greater Occipital Nerve Blocks, Ultrasound Guidance: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head Chapter; Neck & Upper Back Chapter, Greater Occipital Nerve Block.

Decision rationale: MTUS does not address this issue. ODG states greater occipital nerve blocks are under study for use in treatment of primary headaches, occipital neuralgia, and cervicogenic headaches. Therefore, based on guidelines and a review of the evidence, the request for retro bilateral greater occipital nerve blocks, ultrasound guidance is not medically necessary.