

Case Number:	CM14-0089329		
Date Assigned:	07/23/2014	Date of Injury:	02/02/2013
Decision Date:	09/08/2014	UR Denial Date:	05/14/2014
Priority:	Standard	Application Received:	06/13/2014

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, Pain Medicine and is licensed to practice in Florida. 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 50-year-old female with a reported date of injury on 02/02/2013. The injury reportedly occurred when the injured worker was head butted by an arrestee on the side of the eye and forehead. Her diagnoses were noted to include cervical spondylosis, chronic pain syndrome, headache, occipital neuralgia, and carpal tunnel syndrome. Her previous treatments were noted to include physical therapy, surgery, and medications. The progress note dated 03/31/2014 revealed the injured worker complained of severe pain over the cervical area, described as constant and throbbing, as well as a headache. The injured worker rated her daily pain as 2/10 - 3/10 and on a bad day 9/10. The cervical examination noted tenderness to the cervical area and palpation of the occipital nerve brought pain radiating to the frontal area and the range of motion was limited due to pain. The progress note dated 05/12/2014, revealed the injured worker complained of soreness to the right lateral elbow and tenderness in both palms. The physical examination revealed the injured worker had full range of motion of her cervical spine without pain or tenderness, and the Spurling's test was negative. The provocative maneuvers for thoracic outlet syndrome are negative. The request for authorization form dated 05/01/2014 was for an outpatient bilateral occipital nerve block under anesthesia with fluoroscopic guidance due to severity of pain and failure of conservative treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient Bilateral Occipital Nerve Block under Anesthesia with Fluoroscopic Guidance:
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

Decision rationale: The Official Disability Guidelines state the greater occipital nerve block is under study. The guidelines state the greater occipital nerve blocks have been recommended by several organizations for the diagnosis of both occipital neuralgia and cervicogenic headaches. It has been noted that pain is relieved by analgesic injection into cervical structures, but there was little to no consensus as to what injection technique should be utilized and lack of convincing clinical trials to aid this diagnostic methodology. Difficulty arises in that occipital nerve blocks are nonspecific. This may result in misidentification of the occipital nerve as the pain generator. In addition, there is no research evaluating the block as a diagnostic tool under controlled conditions. An additional problem is that patients with both tension headaches and migraine headaches respond to the greater occipital blocks. In 1 study, comparing patients with a cervicogenic headache to patients with tension headaches and migraines, pain relief was found by all 3 categories of patients. Due to the differential response, it has been suggested that the greater occipital nerve block may be useful as a diagnostic aid in differentiating between these 3 headache conditions. The guidelines state that the greater occipital nerve block therapeutic is under study for treatment of occipital neuralgia and cervicogenic headaches. There is little evidence that the block provides sustained relief, and if employed, is best used with concomitant therapy modulations. Current reports of success are limited to small, no controlled case series. Although short term improvement has been noted in 50% to 90% of patients, many studies only report immediate post injection results with no follow-up. In addition, there is no cold center methodology for injection delivery, nor has the timing or frequency of delivery of injections been researched. The guidelines state both the diagnostic and therapeutic greater occipital nerve blocks are under study as there have been small trials and no follow-ups with therapeutic injections. There is a lack of clinical findings consistent with cervicogenic headache or occipital neuralgia and, therefore, an occipital nerve block is not warranted at this time. Therefore, the Outpatient Bilateral Occipital Nerve Block under Anesthesia with Fluoroscopic Guidance is not medically necessary.