

<b>Case Number:</b>	CM14-0092882		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	12/11/2007
<b>Decision Date:</b>	11/14/2014	<b>UR Denial Date:</b>	05/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/19/2014

### 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 & Rehabilitation, has a subspecialty in Interventional Spine 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:

The patient is a 37 year old male with an injury date on 12/11/07. Based on the 04/10/14 progress report provided by [REDACTED], the patient complains of headache and neck pain. Exam findings show "positive Tinel's over G.O.N. bilaterally." There were no other significant findings noted on this report. His diagnoses include the following: 1. other chronic pain occipital neuralgia. 2. Neurovascular compression syndrome. 3. Carpal Tunnel Syndrome. 4. Chondromalacia of patella. 5. Pain in joint, lower leg. [REDACTED] is requesting for six ultrasounds guided greater occipital nerve study (G.O.N.S) injection bilaterally with Cryoablation. The utilization review denied the request on 05/21/14. [REDACTED] is the requesting provider, and he provided treatment reports from 01/23/13 to 04/10/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **6. U/S Guided G.O.N.S With Cryoablation (Bilateral): Upheld**

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

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

**Decision rationale:** According to the 04/10/14 report by [REDACTED], this patient presents with headache and neck pain. The request is for six ultrasounds guided greater occipital nerve study (G.O.N.S) injection bilaterally with Cryoablation per report 4/10/14. Utilization review denied the request on 05/21/14 with the rationale that this was not medically necessary. MTUS guidelines do not address this. When reading ODG, there is support for ultrasound guidance of needle, such as in epidural injections. However, there is no support for therapeutic greater occipital nerve injections or Cryoablation. ODG regarding GON injection states, "Under study for treatment of occipital neuralgia and cervicogenic headaches." Furthermore, ODG does not discuss Cryoablation and does not support RF ablation for cervicogenic headaches, in terms of treating facet joint medial branches that share GON. Given the lack of support from the guidelines, recommendation is not medically necessary.