

Case Number:	CM14-0093317		
Date Assigned:	07/25/2014	Date of Injury:	04/22/2003
Decision Date:	10/27/2014	UR Denial Date:	05/30/2014
Priority:	Standard	Application Received:	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 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 71 years old female with an injury date of 04/22/03. Based on the 01/14/14 progress report provided by [REDACTED] the patient complains of headaches, nerve pain and shooting pain into upper extremities rated 7/10. The hand and neck pain wake patient up at night. Physical examination to the cervical spine reveals limited range of motion and tenderness along the cervical paravertebral muscles bilaterally. Patient is permanent and stationary. Diagnosis on 01/14/14:- status post lumbar spine fusion Diagnosis on 02/12/14 by [REDACTED] :- status post cervical spine fusion, Anterior Cervical Discectomy and Fusion C5-6 and C6-7 on 01/08/13 Dr. [REDACTED] is requesting Occipital Injection 99070. The utilization review determination being challenged is dated 05/30/14. The rationale is "diagnosed with occipital neuralgia however no documentation indicating plans for concomitant therapy..." [REDACTED] is the requesting provider, and he provided treatment reports from 11/01/13 - 06/03/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Occipital Injection 99070: 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-TWC guidelines, Head chapter for: Greater occipital nerve block (GONB)

Decision rationale: The patient presents with headaches, nerve pain and shooting pain into upper extremities rated 7/10. The request is for Occipital Injection. Patient is status post cervical spine fusion, Anterior Cervical Discectomy and Fusion C5-6 and C6-7 on 01/08/13. ODG-TWC guidelines Head chapter for Greater occipital nerve block (GONB) states "Under study for use in treatment of primary headaches. Studies on the use of greater occipital nerve block (GONB) for treatment of migraine and cluster headaches show conflicting results, and when positive, have found response limited to a short-term duration." Per utilization review letter dated 05/30/14, the patient has been diagnosed with occipital neuralgia. In review of reports, there was no diagnosis of occipital neuralgia found. Moreover, per ODG, the requested procedure is under study, therefore, the request is not medically necessary.