

Case Number:	CM14-0007806		
Date Assigned:	02/07/2014	Date of Injury:	06/28/2013
Decision Date:	03/06/2015	UR Denial Date:	12/30/2013
Priority:	Standard	Application Received:	01/17/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This injured worker is a 61 year old male who sustained an industrial injury on June 28, 2013. The mechanism of injury was a motor vehicle accident. The injured worker reported back pain, dizziness and headache on impact. Diagnoses include lumbar sprain, displacement of thoracic or lumbar intervertebral disc without myelopathy, lumbosacral spondylosis without myelopathy, malagia and myositis unspecified and displacement of cervical intervertebral disc without myelopathy. Treatment to date has included pain management, physical therapy and diagnostic testing. The diagnostic testing indicated degenerative disc disease and facet arthropathy. The most current documentation dated December 9, 2013 notes that the injured worker reported persistent lower back, upper back and back of the head pain. The overall pain was described as aching and throbbing and was rated at a three out of ten on the Visual Analogue Scale. Physical examination revealed tenderness to palpation over the paraspinal muscles. On January 17, 2014, the injured worker submitted an application for IMR for review of an occipital nerve block bilateral with ultrasound guidance. On December 30, 2013 Utilization Review evaluated and non-certified the occipital nerve block bilaterally. The Official Disability Guidelines were cited. On December 30, 2013 Utilization Review non-certified the ultrasound guidance of the occipital nerve block. Non- MTUS, ACOEM Guidelines, were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

OCCIPITAL NERVE BLOCK WITH ULTRASOUND 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 (ODG) HEAD CHAPTER , NECK AND UPPER BACK CHAPTER [HTTP://WWW.NCBI.NLM.NIH.GOV/PUBMED/16436850](http://www.ncbi.nlm.nih.gov/pubmed/16436850)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Greater occipital nerve block, therapeutic. (<http://www.worklossdatainstitute.verioiponly.com/odgtwc/neck.htm#Greateroccipitalnerveblocktherapeutic>).

Decision rationale: According to ODG guidelines, occipital nerve block, therapeutic < 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. (Biondi, 2005) Current reports of success are limited to small, noncontrolled case series. Although short-term improvement has been noted in 50-90% of patients, many studies only report immediate postinjection results with no follow-up period. In addition, there is no gold-standard methodology for injection delivery, nor has the timing or frequency of delivery of injections been researched. (Haldeman, 2001) (Inan, 2001) (Vincent, 1998) Limited duration of effect of local anesthetics appears to be one factor that limits treatment and there is little research as to the effect of the addition of corticosteroid to the injectate. There is no clear documentation that the patient failed oral medications used to treat his pain. There is no controlled studies supporting the use of occipital nerve block for the treatment of the patient pain. There is no accurate characterization of the patient headache and no evidence that the occipital nerve is the main pain generator.