

Case Number:	CM14-0178400		
Date Assigned:	10/31/2014	Date of Injury:	05/01/2012
Decision Date:	01/02/2015	UR Denial Date:	10/15/2014
Priority:	Standard	Application Received:	10/27/2014

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 Anesthesia, has a subspecialty in Acupuncture and Pain Medicine 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:

35 year old female injured worker with date of injury 5/1/12 with related neck and right shoulder pain. Per progress report dated 10/20/14, the injured worker complained of neck pain and stiffness, right shoulder pain, and right hand numbness. She was status post total disc arthroplasty C4-C5, and status post right shoulder arthroscopy. Treatment to date has included surgery, physical therapy, and medication management. The date of UR decision was 10/15/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Greater and Lesser Occipital Nerve Block: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG regarding greater occipital nerve block injections (GONB)

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

Decision rationale: The MTUS is silent on occipital nerve blocks. Per ODG TWC, greater occipital nerve blocks are "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. The mechanism of action is not understood, nor is there a standardized method of the use of this modality for treatment of primary headaches. A recent study has shown that GONB is not effective for treatment of chronic tension headache. The block may have a role in differentiating between cervicogenic headaches, migraine headaches, and tension-headaches." The documentation submitted for review indicates that the injured worker received a steroid injection to the left greater occipital and lesser occipital origin area on 8/7/14. Per progress report dated 9/4/14, it was noted that the procedure only helped her with pain for a week. As the injured worker only benefitted for 1 week from the procedure previously, repeat block is not supported. The request is not medically necessary.