

Case Number:	CM14-0186988		
Date Assigned:	11/17/2014	Date of Injury:	01/23/2008
Decision Date:	01/05/2015	UR Denial Date:	10/28/2014
Priority:	Standard	Application Received:	11/10/2014

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 Orthopedic Surgery 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 43-year-old female who has submitted a claim for cervical disc herniation, myofascial pain, left occipital neuralgia, cervicgia, right C6 cervical radiculopathy, and status post anterior cervical discectomy and decompression, associated with an industrial injury date of 1/23/2008. Medical records from 2014 were reviewed. The patient complained of persistent posterior neck pain, left greater than right. She had paresthesias over the facial area including the left ear and around the left eye. Physical examination showed tender paracervical muscles, full range of motion, negative Spurling sign, palpable trigger points over the left splenius capitis, normal muscle strength, normoreflexia, and intact sensation. Treatment to date has included anterior cervical discectomy and decompression of C5-C6 on 1/13/2010, trigger point injection, Clonazepam, Lyrica, Cymbalta, Neurontin, and Elavil. The utilization review from 10/28/2014 denied the request for left occipital nerve block, left cervical spine because it was still under study per the referenced guidelines for both diagnostic and therapeutic purposes.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Occipital Nerve block, left cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173. Decision based on Non-MTUS Citation ODG, Treatment Index, 11th Edition (web), 2014, Neck and Upper Back, Greater occipital nerve block, diagnostic

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

Decision rationale: CA MTUS does not specifically address occipital nerve blocks. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines (ODG) was used instead. ODG states that greater occipital nerve injection is under study for treatment of occipital neuralgia and cervicogenic headaches and there is little evidence that the block provides sustained relief. In addition, the mechanism of action is not understood, nor is there a gold-standard methodology for injection delivery. In this case, the patient complained of persistent posterior neck pain, left greater than right. She had paresthesias over the facial area including the left ear and around the left eye. Physical examination showed tender paracervical muscles, full range of motion, negative Spurling sign, palpable trigger points over the left splenius capitis, normal muscle strength, normoreflexia, and intact sensation. The current treatment plan is for occipital nerve block. However, the guidelines do not recommend greater occipital nerve injection because there is little evidence that it provides sustained relief and is still under study for occipital neuralgia and cervicogenic headaches. There is no discussion concerning need for variance from the guidelines. Therefore, the request for left occipital nerve block, left cervical spine is not medically necessary.