

Case Number:	CM14-0190906		
Date Assigned:	11/24/2014	Date of Injury:	11/05/2013
Decision Date:	01/09/2015	UR Denial Date:	10/16/2014
Priority:	Standard	Application Received:	11/17/2014

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. The expert reviewer is Board Certified in Physical Medicine and 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 46-year old female with an injury date on 11/5/13. Patient complains of pain in multiple areas of her body, neck pain, and headaches per 9/22/14 report. The patient is sensitive to both light and noise, and has severe nausea and feels close to vomiting with onset of headaches per 9/22/14 report. The patient has had physical therapy for neck/back, continuing hand pain, and a change in vision since the accident per 4/24/14 report. Based on the 9/22/14 progress report provided by the treating physician, the diagnoses are: 1. variants of migraine 2. Other headache syndromes 3. Cervicalgia 4. degenerative cervical intervertebral disease 5. cervicogenic headache 6. Occipital neuralgia. A physical exam on 4/24/14 showed "restricted cervical range of motion. The patient's treatment history includes medications, physical therapy (neck, back, right shoulder, a separate course for hands). The treating physician is requesting U/S guided greater occipital nerve block and physical therapy 2-3 times a week for 6 weeks. The utilization review determination being challenged is dated 10/18/14 and denies the occipital nerve block due to it is not recommended by guidelines, and there is no documentation of comprehensive treatment. The requesting physician provided treatment reports from 3/20/14 to 9/22/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

U/S Guided Greater Occipital Nerve Block: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, greater occipital nerve blocks

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

Decision rationale: This patient presents with neck pain, back pain, hand pain, and headaches. The Physician has asked for U/S Guided Greater Occipital Nerve Block on 9/22/14. Review of the reports does not show any evidence of occipital nerve blocks being done in the past. Regarding Occipital nerve blocks, ODG states they 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. 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. In this case, the patient presents with continuing migraine headaches and cervicogenic headaches. The Physician states there are "symptoms of a complicated and multifactorial migraine variant" and have requested U/S guided greater occipital nerve block to differentiate between the two types of headaches which is reasonable and within ODG guidelines. However, the requested use of U/S guidance is not medically necessary. Occipital nerve block is a superficial injection and does not require U/S guidance. None of the guidelines support or recommend use of U/S for this injection. The requested U/S guidance is not medically necessary.

Physical Therapy 2-3 times a week for 6 weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Physical Therapy guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: This patient presents with neck pain, back pain, hand pain, and headaches. The Physician has asked for physical therapy 2-3 times a week for 6 weeks on 9/22/14. The patient was undergoing physical therapy for the neck, back, and shoulder, and another course of physical therapy was being requested on 4/24/14 report. The subsequent 9/22/14 report does not mention the hand therapy or if it was authorized. The number of sessions was not specified. MTUS guidelines allows for 8-10 sessions of physical therapy for various myalgia and neuralgias. In this case, there is a record of recent therapy with an unspecified quantity of sessions, and a short course of treatment may be reasonable for a flare-up, declined function or new injury. In this case, the request does not specify which part of the body is to be targeted by the therapy. The requested 12-18 sessions of physical therapy, however, exceed MTUS guidelines. The request is not medically necessary.

