

Case Number:	CM14-0203067		
Date Assigned:	12/15/2014	Date of Injury:	12/07/2010
Decision Date:	02/03/2015	UR Denial Date:	11/21/2014
Priority:	Standard	Application Received:	12/04/2014

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 Rehab, has a subspecialty in 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:

The injured worker is a 44-year-old male who reported an injury on 12/07/2010. The mechanism of injury was not provided. His diagnoses included postlaminectomy syndrome, cervical region. His past treatments were non-contributory. Diagnostic studies include a CT scan of the cervical spine, an MRI of the cervical spine without contrast and an x-ray of the cervical spine. His surgical history included C4-5 arthroplasty and hardware removal at C5-7. On 11/12/2014, the injured worker presented for re-evaluation with complaints of continued, very sharp pains to the left side of his neck and occipital headaches. He felt that his symptoms were worsening and he rated his pain a 7/10 to 8/10. Upon physical examination, the injured worker was noted to have tenderness to the cervical spine at the C4-5 region on the left side that was worse with range of motion. Arm strength and deep tendon reflexes were equal and normal bilaterally. Gait was within normal limits and Hoffmann's sign was negative. The injured worker was not actively taking any medication. The treatment plan included for the patient to have an occipital nerve block. The rationale for the request was that the injured worker was having continued cervical pain and increased occipital headaches. A Request for Authorization form dated 11/18/2014 was provided within the submitted documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Occipital nerve block: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181-183. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute & Chronic), Greater occipital nerve block, diagnostic, Greater occipital nerve block, therapeutic.

Decision rationale: The request for occipital nerve block is not medically necessary. The injured worker has cervical pain and increased occipital headaches. The California ACOEM Guidelines do not recommend diagnostic blocks. The Official Disability Guidelines note diagnostic and therapeutic greater occipital nerve blocks are under study. As these blocks are under study, the request as submitted is not supported by the evidence based guidelines. As such, the request for occipital nerve block is not medically necessary.