

Case Number:	CM14-0203222		
Date Assigned:	12/15/2014	Date of Injury:	04/24/2003
Decision Date:	03/19/2015	UR Denial Date:	12/03/2014
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. 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: California
 Certification(s)/Specialty: Emergency 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:

The injured worker is a 74 year old male with a reported industrial injury on XX, the mechanism of the injury was not provided in the available medical records. The injured worker was seen on November 11, 2014, for follow-up visit with primary treating physician. The presenting complaints included neck pain and associated headaches, which wake him up. The physical exam cervical spine revealed mild tenderness to palpation at the cervical paraspinal muscles, limited extension, rotation and lateral bending. The medical treatment to date is Tramadol, Relpax, Omeprazole, physical therapy, exercising and yoga. Diagnoses are chronic pain syndrome, displacement of cervical intervertebral disc, arthropathy of cervical spine facet joint, migraine, post-concussion syndrome and retinal disorder. The treatment plan includes physical therapy, occipital nerve blocks medication, home exercise and first trial of C3,4 and 5 medial branch nerve blocks. On November 24, 2014, the provider requested Outpatient greater occipital nerve blocks at C3-4-5 on December 3, 2014, the Utilization Review non-certified the request, the decision was based on the California Medical treatment utilization schedule (MTUS) guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient greater occipital nerve blocks at C3-4-5: 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)

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(GONB), therapeutic

Decision rationale: There is no section in the MTUS Chronic pain or ACOEM guidelines that deal with this topic. As per Official Disability Guidelines(ODG), Greater Occipital Nerve Blocks(GONB) are under study for treatment of migraines or cluster headaches. Some short term improvement is noted in studies but there is no noted long term relief and should be used concomitantly with other therapies. There is no clear plan documented by the provider concerning rationale behind GONB besides short term pain relief. Patient has multiple trials of cervical spine injections approved and is pending. While GONB may be useful in differentiating between cervicogenic vs occipital neuralgia, cervical injection and occipital blocks should not be done together to prevent diagnostic confusion. Patient has yet to maximize conservative therapy. The documentation of reasoning behind why GONB was requested is not compelling and does not meet ODG recommendations. Greater Occipital Nerve Block is not medically necessary.