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| <b>Case Number:</b>   | CM14-0204145 |                              |            |
| <b>Date Assigned:</b> | 12/16/2014   | <b>Date of Injury:</b>       | 01/30/2014 |
| <b>Decision Date:</b> | 02/06/2015   | <b>UR Denial Date:</b>       | 11/06/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 12/05/2014 |

### 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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 28-year-old man who sustained a work-related injury on January 3, 2014. Subsequently, the patient developed a chronic head and back pain. According to a progress report dated on October 28 2014, the patient was complaining of headache, back pain rib pain. The patient pain severity was rated 7-9/10. The patient physical examination demonstrated diffuse suboccipital tenderness, decreased range of motion of the cervical spine and tenderness in the lumbar spine. The provider requested authorization for bilateral suboccipital nerve block.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One bilateral suboccipital 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 (ODG), Neck and Upper Back

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Greater occipital nerve block (GONB). <http://www.odg-twc.com/index.html>.

**Decision rationale:** Based on ODG guidelines, Greater occipital nerve block (GONB) < 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. (Ashkenazi, 2005) (Inan, 2001) (Vincent, 1998) (Afridi, 2006) 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. (Leinisch, 2005) The block may have a role in differentiating between cervicogenic headaches, migraine headaches, and tension-headaches. (Bovim, 1992) See also the Neck Chapter: Cervicogenic headache, facet joint neurotomy; Greater occipital nerve block, diagnostic; & Greater occipital nerve block, therapeutic. > Based on the above, there is no strong evidence supporting the efficacy and safety of the use of occipital block, therefore the request is not medically necessary.