

Case Number:	CM14-0207132		
Date Assigned:	12/19/2014	Date of Injury:	09/10/2010
Decision Date:	02/09/2015	UR Denial Date:	11/24/2014
Priority:	Standard	Application Received:	12/10/2014

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 Internal 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 (IW) is a 40-year-old woman with a date of injury of September 10, 2010. The mechanism of injury is described as pushing a pallet jack. The injured workers working diagnoses are right shoulder impingement syndrome; right shoulder rotator cuff recurrent terror; right shoulder strain; and right shoulder rotator cuff tendinitis. Electrodiagnostic studies dated June 29, 2012 were normal. The IW underwent right shoulder arthroscopy, subacromial decompression and rotator cuff repair on May 24, 2011. She underwent a right middle finger pulley release on April 26, 2012, and a C5-C6 epidural steroid injection on June 7, 2013. The progress note dated October 22, 2014 and November 11, 2014 were written by two different treating physicians both claiming to be the primary treating physician. The progress note dated October 22, 2014 makes no mention of headache or occipital nerve blocks. Pursuant to the progress noted dated November 11, 2014, the IW complains of neck pain with radiation to the occiput causing headaches. On physical examination of the cervical spine, there is no atrophy or wasting of the muscles. Range of motion of the cervical spine is reduced. There is tenderness present in the cervical paravertebral regions bilaterally at the C12-C2, C2-C3, C3-C4, and C5-C6 levels. Spurling's test is positive on the right for neck pain as well as radiculopathy. Sensation is diminished in the right upper extremity. The current request is for greater occipital nerve blocks bilateral.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral 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 (ODG), Neck and Upper Back Chapter, Greater Occipital Nerve Block, Diagnostic, and Therapeutic; and the Head Chapter

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Head Section, Greater Occipital Nerve Blocks.

Decision rationale: Pursuant to the Official Disability Guidelines, bilateral greater occipital nerve block is not medically necessary. Greater occipital nerve blocks, therapeutic, are understudy for the treatment of occipital neuralgia and cervicogenic headaches. There is little evidence the block provides sustained relief and, if employed, is best use with concomitant therapy modulations. In this case, a progress note dated October 22, 2014 makes no mention of headache or occipital nerve block. The injured worker's complaints involve the right shoulder. The injured worker's working diagnoses are right shoulder impingement syndrome; right shoulder rotator cuff recurrent tear; right shoulder strain; and right shoulder rotator cuff tendinitis. There is no clinical indication a rationale in the medical record to support the greater occipital nerve block. A November 11, 2014 progress note states the patient presents for follow-up of neck pain with radiation into the occiput causing headache. There was tenderness to help patient over the occipital nerves bilaterally. The documentation is unclear as to who is the primary treating physician. The progress note dated October 22, 2014 and November 11, 2014 were written by two different treating physicians both claiming to be the primary treating physician. Additionally greater occipital nerve blocks under study and there is little evidence of block provides sustained relief. Consequently, absent guideline recommendations for greater occipital nerve blocks, greater occipital nerve blocks bilateral are not medically necessary.