

Case Number:	CM15-0100741		
Date Assigned:	06/03/2015	Date of Injury:	11/05/2014
Decision Date:	07/02/2015	UR Denial Date:	05/15/2015
Priority:	Standard	Application Received:	05/26/2015

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: New Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 58 year old male, who sustained an industrial injury on 11/05/2014. On this injury date, he reported a direct blow to the left side of his face, while working as a store greeter. An additional injury date was noted in 2012 regarding work related neck pain. The injured worker was diagnosed as having left cervical facet syndrome, posttraumatic cervical strain, and assault, physical injury. Treatment to date has included diagnostics, physical therapy, chiropractic, and medications. Currently, the injured worker complains of intermittent but frequent left sided neck pain, accompanied by headaches. Pain was rated 6/10. He also reported intermittent radiation down the left arm, tinnitus, and blurred vision. He also noted occasional pain in the right side of his neck. Medications included Norco, Fioricet, and Relafen. He was currently working modified duty as a department manager. Objective findings noted restricted cervical range of motion, positive left Kemp test, tenderness to palpation to the cervical paraspinals, and mild spasm along the left cervical paraspinal musculature. Upper extremity strength was 5/5 and sensation was intact. The treatment plan included a left third occipital nerve root injection, with a left C5 medial branch block under fluoroscopy. The diagnostic injection would help ascertain whether he had an upper cervical facet mediated pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left third occipital nerve root injection: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, neck and upper back.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Insert Section (Greater occipital nerve block, therapeutic.)
(<http://www.worklossdatainstitute.verioiponly.com/odgtwc/neck.htm#Greateroccipitalnerveblocktherapeutic>).

Decision rationale: According to ODG guidelines, occipital nerve block, therapeutic "Under study for treatment of occipital neuralgia and cervicogenic headaches. There is little evidence that the block provides sustained relief, and if employed, is best used with concomitant therapy modulations. (Biondi, 2005) Current reports of success are limited to small, noncontrolled case series. Although short-term improvement has been noted in 50-90% of patients, many studies only report immediate post injection results with no follow-up period. In addition, there is no gold-standard methodology for injection delivery, nor has the timing or frequency of delivery of injections been researched. (Haldeman, 2001) (Inan, 2001) (Vincent, 1998) Limited duration of effect of local anesthetics appears to be one factor that limits treatment and there is little research as to the effect of the addition of corticosteroid to the injectate." There is no clear documentation that the patient failed oral medications used to treat the pain. There is no controlled studies supporting the use of occipital nerve block for the treatment of the patient's pain. There is no accurate characterization of the patient's headache and no evidence that the occipital nerve is the main pain generator. Therefore, the request for Left third occipital nerve root injection is not medically necessary.