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| Case Number: | CM15-0017732 | | |
| Date Assigned: | 02/05/2015 | Date of Injury: | 03/06/2012 |
| Decision Date: | 04/01/2015 | UR Denial Date: | 01/21/2015 |
| Priority: | Standard | Application Received: | 01/29/2015 |

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 57 year old female, who sustained an industrial injury on 03/06/2012. She has reported subsequent head and neck pain and was diagnosed with chronic mixed tension type headache, neuralgia, neuritis and radiculitis, myofascial pain syndrome, cervicogenic headaches and cervical radiculitis. Treatment to date has included oral pain medication and physical therapy. In a progress note dated 01/06/2015 the injured worker complained of intermittent headaches, right sided neck pain and swelling and with arm numbness. Objective physical examination findings were notable for asymmetry and spasm on the right side of the neck, decreased cervical range of motion, paravertebral muscle spasm, tenderness and tight muscle band on the right and tenderness at the right occipital nerve. The physician noted that given the injured worker's continuing headaches that would keep her up at night as well as point tenderness of the right occipital nerve, an occipital nerve block would alleviate the pain. A request for authorization of right occipital nerve block was made. On 01/21/2015, Utilization Review non-certified a request for right occipital nerve block, noting that this procedure is not recommended for cervicogenic tension headaches and myofascial pain. ODG guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Injection: Right Occipital Nerve Block: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck / Head Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Head Chapter, Greater occipital nerve block.

Decision rationale: Per the 01/06/15 report the patient presents with intermittent headaches, right sided neck pain and swelling along with arm numbness. The current request is for INJECTION RIGHT OCCIPITAL NERVE BLOCK per the 01/06/15 report. The RFA is not included. The patient is cleared to work with permanent restrictions; however, the report does not state if she is currently working. The MTUS does not discuss Occipital nerve block. ODG Head Chapter, Greater occipital nerve block, state, "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." "A recent study has shown that GONB is not effective for treatment of chronic tension headache." The 01/06/15 report states this request is to alleviate the pain of continued headaches that reduce sleep. Guidelines state GONB are under study for the use of primary headaches and have shown not to be effective for treatment of chronic tension headache that is diagnosed for this patient. Therefore, the request IS NOT medically necessary.