

<b>Case Number:</b>	CM15-0142095		
<b>Date Assigned:</b>	07/31/2015	<b>Date of Injury:</b>	11/19/2001
<b>Decision Date:</b>	08/28/2015	<b>UR Denial Date:</b>	07/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/22/2015

### 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: Arizona, California  
 Certification(s)/Specialty: Family Practice

### 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 51 year old male, who sustained an industrial injury on 11-19-2001. He reported a low back injury from pulling and lifting activity. Diagnoses include chronic pain syndrome, depressions and anxiety, cervical degenerative disc disease, rotator cuff tear, radiculitis; status post lumbar surgery. Treatments to date include medication therapy. Currently, he complained of no change in symptoms. On 6-18-15, the physical examination documented no objective clinical findings. The plan of care included prescription refills. The appeal request was to authorize a right occipital nerve block.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One right occipital nerve block:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head chapter pg 20.

**Decision rationale:** According to the guidelines, occipital blocks are 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. In this case, the claimant is using opioids for pain. Exam findings did not reproduce headaches in the occipital nerve region. However, based on the guidelines, the blocks are under study and do not provide long-term benefit. The request for the right occipital nerve block is not medically necessary.