

<b>Case Number:</b>	CM15-0147257		
<b>Date Assigned:</b>	08/10/2015	<b>Date of Injury:</b>	03/18/2015
<b>Decision Date:</b>	09/11/2015	<b>UR Denial Date:</b>	06/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/29/2015

### 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 45 year old female who sustained an industrial injury on 3-18-15. She had complaints of head, neck and back pain. Treatments include: medication, physical therapy and conservative treatments. Progress report dated 5-29-15 reports continued complaints of pain at the base of her neck and headaches. She also reports memory and word finding difficulties have improved from the last visit. The pain is rated 7 out of 10. diagnosis include: occipital headache, myositis and spine pain. Plan of care includes: request for bilateral greater occipital nerve blocks. Work status: not noted.

### 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, Neck chapter.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back Chapter, under Therapeutic Greater Occipital Nerve Block.

**Decision rationale:** The patient was injured on 03/18/15 and presents with neck pain, back pain, and headaches. The request is for a BILATERAL GREATER OCCIPITAL NERVE BLOCK to "decrease the patient's pain, improve their functional capacity, decrease their need for oral analgesics, and improve their overall quality of life." The RFA is dated 06/24/15 and the patient is on modified activity at work (if available). There is no indication of any prior occipital nerve blocks the patient may have had. ODG Guidelines, Neck and Upper Back Chapter, under Therapeutic Greater Occipital Nerve Block states: "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. 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 postinjection 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. 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." In this case, such treatments are still under study and not yet supported as a standard therapy. The patient has headaches in the bilateral occipital that radiate to the posterior aspect of the left ear and to the bilateral vertex of the head. She is diagnosed with occipital headache, myositis and spine pain. Treatment to date includes medication, physical therapy, and conservative treatments. Guidelines indicate that occipital nerve blocks are under study for the use of primary headaches, and can be useful as a diagnostic tool in differentiating between cervicogenic headaches and occipital neuralgia. It is not clear if this block is meant to differentiate between cervicogenic headache and occipital neuralgia, or as a therapeutic measure. Owing to a lack of firm guideline support for such injections as a therapeutic measure, the medical necessity cannot be substantiated. Therefore, the request IS NOT medically necessary.