

Case Number:	CM15-0165450		
Date Assigned:	09/03/2015	Date of Injury:	04/24/2014
Decision Date:	10/06/2015	UR Denial Date:	07/23/2015
Priority:	Standard	Application Received:	08/24/2015

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: North Carolina

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 72 year old male, who sustained an industrial injury on 4-24-2014, involving his handgun going off in a bathroom stall. The injured worker was diagnosed as having headaches, tinnitus, cognitive impairment, chronic T1 compression fracture, cervical herniated nucleus pulposus, and cervical radiculopathy. Treatment to date has included diagnostics, hearing test, chiropractic physiotherapy, trigger point injections, occipital nerve block on 6-16-2015, and medications. Currently (7-14-2015), the injured worker complains of headaches, neck pain, balance problems, and hearing complaints. He reported that occipital nerve block on 6-16-2015 decreased his headaches almost completely. He had a history of a seizure disorder, well controlled for many years. Current medications included Flexeril and Aleve. He rated his neck pain as 7 out of 10, with numbness radiating down the bilateral upper extremities to his hands. He reported pressure in his head and ringing in his ears. He reported continued headaches, not daily, stomach pain, and weight loss. Exam of the cervical spine noted decreased sensation in the bilateral C5-6 dermatome and hyporeflexic upper extremities. His work status remained total temporary disability. On 6-16-2015, he reported neck pain and headaches. The use of Dilantin and Norco was noted by an outside provider. Exam noted tenderness to palpation in the bilateral occipital ridges, with recreation of pain in the greater occipital nerve distribution. The treatment plan included bilateral medial branch block at left C3-4 and C4-5 and bilateral occipital nerve blocks (mixture Kenalog and Lidocaine) per side x2.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral occipital nerve blocks under sterile technique with mixture of 10mg Kenalog and 2cc 1 percent Lidocaine per side x2: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck & Upper Back, Greater occipital nerve block, therapeutic, Official Disability Guidelines, Head, Greater occipital nerve block (GONB), Official Disability Guidelines, Pain, Injection with anesthetics and/or steroids.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) occipital nerve blocks.

Decision rationale: The California MTUS and the ACOEM do not specifically address the requested service. The ODG states the requested service is under study for the treatment of occipital neuralgia and cervicogenic headaches. The patient however does not have either of these diagnoses and therefore the request is not medically necessary.

Medial branch block left C3-C4, C4-C5: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck & Upper Back, Greater occipital nerve block, therapeutic, Official Disability Guidelines, Head, Greater occipital nerve block (GONB), Official Disability Guidelines, Pain, Injection with anesthetics and/or steroids.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174-175.

Decision rationale: The ACOEM chapter on neck pain states: Invasive techniques (e.g., needle acupuncture and injection procedures, such as injection of trigger points, facet joints, 2 or corticosteroids, lidocaine, or opioids in the epidural space) have no proven benefit in treating acute neck and upper back symptoms. However, many pain physicians believe that diagnostic and/or therapeutic injections may help patients presenting in the transitional phase between acute and chronic pain. The requested service is not supported by the ACOEM. The ODG states when done, no more than one block at a time should be performed. The request is for two and therefore is not medically necessary.