

<b>Case Number:</b>	CM15-0187056		
<b>Date Assigned:</b>	09/29/2015	<b>Date of Injury:</b>	04/21/2010
<b>Decision Date:</b>	11/10/2015	<b>UR Denial Date:</b>	09/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/23/2015

### 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: Florida

Certification(s)/Specialty: Neurology, Pain Management

### 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 59 year old female who sustained an industrial injury on 04-21-2010. According to a progress report dated 08-20-2015, the injured worker was being re-evaluated in regard to her frequent headaches and for her cervical radiculitis. She reported predominant headaches that radiated from the neck up into the head bilaterally and to the temples. She reported numbness, tingling and an aching sensation. Headaches were daily and lasted most of the day, most days of the week. It was increased with stress. She continued to have radiating symptoms into the right upper extremity. The left side of the head hurt more frequently than the right. Objective findings included no pinpoint pupils. She was alert and oriented. There was decreased range of motion of the cervical spine and mild tenderness to palpation of the paravertebral musculature. Grip strength was 5 out of 5. There was decreased sensation in the C5-C6 dermatomes on the right. There was positive Tinel's sign bilaterally at the occiput with referred pain into the head. There was positive Spurling's sign to the right and negative to the left. Diagnoses included cervical radiculitis and occipital neuralgia. The treatment plan included bilateral occipital nerve block x 1 and re-evaluation after injection. MRI of the cervical spine performed on 08-01-2015 demonstrated a broad based posterior central disc herniation at C3-C4 measuring 2 millimeters. There was mild canal stenosis. There was a broad based central disc herniation at C4-C5 measuring 1 millimeter. There was a broad based central left posterolateral disc herniation at C5-C6 measuring approximately 3 millimeters. There was partial effacement of the left lateral recess and mild narrowing of the caudal margin of the orifice of the left neural foramen. There was an annular tear. There was left sided uncinated process hypertrophy. There

was a broad based left posterolateral disc herniation at C6-C7 measuring 2 millimeters. There was partial effacement of the left lateral recess and mild narrowing of the caudal margin of the orifice of the left neural foramen. There was left-sided uncinated process hypertrophy. An authorization request dated 09-09-2015 was submitted for review. The requested services included bilateral occipital nerve block x 1 and a follow up office visit. On 09-15-2015, Utilization Review non-certified the request for bilateral occipital nerve block quantity 1 and authorized the request for a follow up visit.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Bilateral Occipital Nerve Block, Qty 1: 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 & Upper Back - Greater occipital nerve blocks (GONB); Head chapter - Greater occipital nerve block, therapeutic.

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

**Decision rationale:** ODG guidelines do not support occipital nerve blocks for the treatment of headache. Occipital nerve blocks are not supported under ODG for occipital neuralgia in the absence of demonstrated focal tenderness over the occipital nerve. The medical records provided for review do not document discreet focal points being noted on examination consistent with occipital neuralgia. In the absence of demonstrated focal tenderness over the occipital nerves, the medical records do not support injections of occipital nerves for bilateral occipital nerve block. Therefore, the request is not medically necessary.