

Case Number:	CM15-0187223		
Date Assigned:	09/29/2015	Date of Injury:	10/17/2013
Decision Date:	11/06/2015	UR Denial Date:	09/17/2015
Priority:	Standard	Application Received:	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: 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 45 year old female, who sustained an industrial injury on 10-17-13. The injured worker was diagnosed as having migraine headaches; cervicogenic headaches; occipital neuralgia; chronic neck pain; cervical radiculopathy; cervical disc displacement. Treatment to date has included status post cervical epidural steroid injection (11-6-14; 3-12-15); medications. Currently, the PR-2 notes dated 9-3-15 indicated the injured worker complains of neck pain and in the office on this date for medication management. She describes her pain as aching, numbness and tingling. The provider documents "Pain scores include a current pain level of 9 out of 10, this is with medications and an average pain level of 9 out of 10. The patient describes symptoms as unchanged and medications are helpful. Patient recently has an epidural steroid, cervical. The pain relief duration was 4-5 weeks of 100% relief. Patient has had no recent evaluations. Current treatment includes medications and intermittent injections. Patient reports that stress level has increased. Sleep averages 7-8 hours. Medication concerns: none at this time." The provider notes medication history as: "Hydrocodone-Acetaminophen 5-325mg one PRN daily started taking 2-12-15 and active; Ibuprofen 600mg one TID PRN neck pain-headache and started on 2-12-15". She is a status post cervical epidural steroid injections done on 11-6-14 and 3-12-15. On physical examination the provider notes cervicogenic headache related to neck pain; today's impression: moderate -severe pain; started on Mobic 7.5mg one tablet every morning with food for pain (9-3-15) no refill. Changed the hydrocodone-Acetaminophen 5- 325mg one tablet every PM PRN headache starting on 9-3-15 with no refill. Restarted Gabapentin 300mg 1-

2 capsules every PM as tolerated for headache started 9-3-15 no refill. He is requesting greater occipital nerve blocks as well. A Request for Authorization is dated 9-23-15. A Utilization Review letter is dated 9-17-15 and non-certification was for Greater occipital nerve injection x 3 to the neck. A request for authorization has been received for Greater occipital nerve injection x 3 to the neck.

IMR ISSUES, DECISIONS AND RATIONALES

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

Greater occipital nerve injection x 3 to the neck: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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 greater occipital nerve injections have inconclusive evidence to support their use or diagnosis in the treatment of conditions such as migraine headaches or occipital neuralgia. The patient has documented response to cervical ESI but no indication on physical exam or history to suggest the greater occipital nerve as the source of pain. Therefore the request is not medically necessary.