

<b>Case Number:</b>	CM15-0188326		
<b>Date Assigned:</b>	09/30/2015	<b>Date of Injury:</b>	02/14/2009
<b>Decision Date:</b>	11/09/2015	<b>UR Denial Date:</b>	09/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/24/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 33 year old female, who sustained an industrial injury on 2-14-2009. The injured worker is being treated for cervicalgia, cervical disc injury, left temporomandibular joint arthralgia, right mandibular fracture and lumbar facet arthralgia. Treatment to date has included diagnostics including diagnostic medial branch blocks, TENS, acupuncture, physical therapy and medications. Per the Primary Treating Physician's Follow-up Evaluation Report dated 8-19-2015, the injured worker reported neck pain referring into the right occipital region. She continues to experience nausea, lightheadedness and photophobia. She is currently using Lidoderm was placed on her neck with good relief and she uses Cambria for headaches. Objective findings included moderate pain and spasms of the right C2-C3 more than C3-C4, C4-C5 and C6-C7 levels. The right C2-3 pain refers to the right occipital region. The plan of care included medications and an ultrasound guided injection right greater occipital nerve. Authorization was requested on 8-19-2015 for ultrasound guided injection right greater occipital nerve. On 9-03-2015, Utilization Review non-certified the request for ultrasound guided injection right greater occipital nerve.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective Ultrasound-guided injection, right greater occipital nerve DOS: 8/19/2015:**  
Overturned

**Claims Administrator guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head (updated 7/24/2015) Online Version, Neck & Upper Back (updated 6/25/2015) Online Version Greater occipital nerve block, diagnostic.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head (trauma, headaches, etc., not including stress & mental disorders), Greater occipital nerve block (GONB).

**Decision rationale:** The claimant sustained a work injury in February 2009 and is being treated for injuries sustained as the results of an assault. When seen, she was having neck pain with referred symptoms into the right occipital region. She was taking Cambia for headaches. She had recently been seen in an Emergency Room due to chest tightness. Physical examination findings included moderate pain with spasms. There was referred pain at C2/3 into the right occipital region. There was moderate pain with range of motion. A diagnostic greater occipital nerve block with ultrasound guidance for an assessment of neck pain and headaches is being requested. Guidelines indicate that a greater occipital nerve block may have a role in differentiating between cervicogenic headaches, migraine headaches, and tension-headaches. In this case, the claimant has ongoing headaches which are likely multifactorial. The requested procedure is within guideline recommendations and medically necessary. Ultrasound guidance would be expected to improve accuracy and would avoid penetration of the occipital artery which would be a potential risk with an unguided injection.