

Case Number:	CM15-0203638		
Date Assigned:	10/20/2015	Date of Injury:	09/30/2014
Decision Date:	12/01/2015	UR Denial Date:	10/14/2015
Priority:	Standard	Application Received:	10/16/2015

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, Oregon, Washington
 Certification(s)/Specialty: Orthopedic Surgery

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 9-30-2014. The injured worker is undergoing treatment for closed head injury, cervogenic headaches, occipital neuralgia, cervical strain-sprain and myofascial pain. Medical records dated 9-3-2015 indicate the injured worker complains of right occipital headaches and knots in the trapezius and feeling of pulling at the base of the head and rated 5 out of 10. She describes the pain as dull, sharp, throbbing, burning, pins and needles, numbness and tingling and unchanged. She is not working Exam on 7-23-2015 indicates pain rated 6 out of 10 with decrease cervical range of motion (ROM). Physical exam dated 9-30-2015 notes tenderness to palpation of the mastoid process and parietal area and tenderness to palpation with spasm of the trapezius and interscapular area. There is normal range of motion (ROM). Treatment to date has included physical therapy, Nortriptyline, Indocin and Lyrica. The original utilization review dated 10-14-2015 indicates the request for bilateral occipital nerve blocks, per 09/03/15 order #2 is non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral occipital nerve blocks, per 09/03/15 order Qty: 2.00: 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), Head - Greater occipital nerve block (GONB).

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 (Acute & Chronic) / Greater occipital nerve block, therapeutic.

Decision rationale: Per ODG Neck and Upper Back (Acute & Chronic) / Greater occipital nerve block, therapeutic. 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. (Biondi, 2005) Current reports of success are limited to small, non-controlled case series. Although short-term improvement has been noted in 50-90% of patients, many studies only report immediate post-injection 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. (Haldeman, 2001) (Inan, 2001) (Vincent, 1998) 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. (Bogduk, 2004) In this case, the recommendation for occipital nerve block is not validated per ODG criteria. Thus the recommendation is for non-certification.