

Case Number:	CM15-0207664		
Date Assigned:	10/26/2015	Date of Injury:	05/22/2012
Decision Date:	12/14/2015	UR Denial Date:	09/25/2015
Priority:	Standard	Application Received:	10/21/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented 33-year-old who has filed a claim for chronic neck pain, myofascial pain syndrome, and headaches reportedly associated with an industrial injury of May 22, 2012. In a Utilization Review report dated September 25, 2015, the claims administrator failed to approve a request for greater and lesser occipital nerve block under ultrasound guidance. The claims administrator referenced a September 16, 2015 office visit in its determination. The applicant's attorney subsequently appealed. On September 16, 2015, the applicant reported ongoing issues with neck pain, shoulder pain, and headaches. The applicant denied any radiating pain. The applicant had had a prior cervical epidural steroid injection, without reported benefit. Highly variable 4-9/10 pain complaints were reported. The applicant exhibited multiple palpable tender points about the cervical paraspinal region with dysesthesias and tenderness about the occipital nerve distribution. The claimant was asked to pursue bilateral greater and lesser occipital nerve blocks. The treating provider contended that the claimant had issues with occipital neuralgia superimposed on issues with myofascial pain syndrome. Tizanidine was endorsed. The applicant's work status was not furnished. The request was framed as a first-time request for greater and lesser occipital nerve blocks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Greater and lesser occipital nerve block bilateral under ultrasound: 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) Neck and Upper Back (updated 06/25/2015) Online Version; <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3833045/>.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 3rd ed., Chronic Pain, pg. 1059.

Decision rationale: No, the request for a greater and lesser occipital nerve block under ultrasound guidance was not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 3, page 48, injections of corticosteroids under local anesthetics are supposed to be reserved for applicants who do not respond with more conservative therapies. The MTUS Guideline in ACOEM Chapter 3, page 48 notes that steroids can weaken tissues and predispose toward injury, while local anesthetics can mask symptoms and inhibit long-term solution to an applicant's problem. Here, the attending provider seemingly suggested on September 16, 2015 that he was intent on concurrently pursuing trigger point injections as well as greater occipital nerve blocks. The attending provider's decision to concurrently pursue multiple different injections was, thus, at odds with the MTUS Guideline in ACOEM Chapter 3, page 48 and with the Third Edition ACOEM Guidelines Chronic Pain Chapter, which likewise notes that the routine usage of local anesthetic injections such as the greater and occipital nerve blocks at issue is not recommended for diagnosing tender points, as were reportedly present here on or around the date in question. Therefore, the request was not medically necessary.