

Case Number:	CM15-0022717		
Date Assigned:	02/12/2015	Date of Injury:	05/06/1999
Decision Date:	04/08/2015	UR Denial Date:	01/07/2015
Priority:	Standard	Application Received:	02/06/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 43 year old female, who sustained an industrial injury on 05/06/1999. She has reported subsequent neck, back and lower extremity pain and was diagnosed with chronic pain syndrome, other and unspecified disorder of the lumbar and cervical regions, cervicgia and post-laminectomy syndrome of the lumbar region. Treatment to date has included oral pain medication, intrathecal pump placement, physical therapy and bilateral cervical radiofrequency ablation. In a progress note dated 01/02/2015, the injured worker complained of back, neck and knee pain, radiating to the bilateral arm, leg, foot and hand rated as a 7/10. Objective examination findings were notable for tenderness of the C4-C7 and L3-S1 facets. The physician noted that occipital blocks would be ordered without any specific documentation as to why they were being ordered. A request for authorization of right and left occipital nerve blocks was made. On 01/07/2015, Utilization Review non-certified requests for right and left occipital nerve blocks, noting that the physical exam only showed tenderness over the C4-C7 facets with no indication of occipital nerve tenderness. ODG guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right greater occipital nerve block, quantity: 1, as an out-patient: 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); Work Loss Data Institute, LLC; Corpus Christi, TX; www.odg-twc.com; Section: Neck and Upper Back (Acute and Chronic) (updated 8/4/2014).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Neck and Upper back chapter, under Diagnostic Occipital Nerve Blocks.

Decision rationale: The patient presents with chronic neck and lower back pain rated 9/10, and headaches rated 9/10. The patient's date of injury is 05/06/99. Patient is status post L1-L2 intrathecal catheter placement at an unspecified date, the first inspection report of said catheter and pump was conducted on 09/05/14, most recent inspection 01/16/15. Patient has also undergone bilateral cervical radiofrequency ablation at a date and level unspecified. The request is for Right Greater Occipital Nerve Block Quantity 1 As An Out Patient. The RFA was not provided. Physical examination dated 02/10/15 reveals tenderness at the C4-C7 facets, positive Spurling's test bilaterally, decreased grip strength in the left hand, and decreased sensation along the C7 dermatome of the left arm. Lumbar examination findings were cut off by the scanning process. The patient is currently prescribed Morphine, Dilaudid, Voltaren, Zofran, Neurontin, Ibuprofen, Cyclobenzaprine, and Lidocaine. Diagnostic imaging included thoracic MRI dated 02/27/15, significant findings include: " No acute abnormality related to the thoracic spine. Intrathecal catheter extends from the L1-L2 level cephalad to the T11 level. Partially visualized soft tissue swelling, possible fluid collection in the subcutaneous midline tissues surrounding the extraspinal portion of the catheter." Patient's current work status is not provided. ODG Neck and Upper back chapter, under Diagnostic Occipital Nerve Blocks states: "Under Study. Greater occipital nerve blocks -GONB- have been recommended by several organizations for the diagnosis of both occipital neuralgia and cervicogenic headaches. It has been noted that both the International Association for the Study of Pain and World Cervicogenic Headache Society focused on relief of pain by analgesic injection into cervical structures, but there was little to no consensus as to what injection technique should be utilized and lack of convincing clinical trials to aid in this diagnostic methodology. Difficulty arises in that occipital nerve blocks are non-specific. This may result in misidentification of the occipital nerve as the pain generator. In addition, there is no research evaluating the block as a diagnostic tool under controlled conditions - placebo, sham, or other control An additional problem is that patients with both tension headaches and migraine headaches respond to GONB. In one study comparing patients with cervicogenic headache to patients with tension headaches and migraines, pain relief was found by all three categories of patients. Due to the differential response, it has been suggested that GONB may be useful as a diagnostic aid in differentiating between these three headache conditions."In regards to the request for an outpatient occipital nerve block, the requested treatment is still under study and is not yet supported as a standard treatment. The 02/10/15 progress report indicates that this patient suffers from chronic headaches of an unknown origin. Guidelines indicate that GONBs are under study for the use of primary headaches, and can be useful as a diagnostic tool in differentiating between cervicogenic headaches and occipital neuralgia. Physical findings do not include palpable tenderness to the occipital region, only cervical facet tenderness. It is not clear if this block is meant differentiate between cervicogenic

headache and occipital neuralgia given a lack of occipital findings. Therefore, the request IS NOT medically necessary.

Left greater occipital nerve block, quantity: 1, as an out-patient: 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); Work Loss Data Institute, LLC; Corpus Christi, TX; www.odg-twc.com; Section: Neck and Upper Back (Acute and Chronic) (updated 8/4/2014).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Neck and Upper back chapter, under Diagnostic Occipital Nerve Blocks.

Decision rationale: The patient presents with chronic neck and lower back pain rated 9/10, and headaches rated 9/10. The patient's date of injury is 05/06/99. Patient is status post L1-L2 intrathecal catheter placement at an unspecified date, the first inspection report of said catheter and pump was conducted on 09/05/14, most recent inspection 01/16/15. Patient has also undergone bilateral cervical radiofrequency ablation at a date and level unspecified. The request is for Left Greater Occipital Nerve Block Quantity 1 As An Out Patient. The RFA was not provided. Physical examination dated 02/10/15 reveals tenderness at the C4-C7 facets, positive Spurling's test bilaterally, decreased grip strength in the left hand, and decreased sensation along the C7 dermatome of the left arm. Lumbar examination findings were cut off by the scanning process. The patient is currently prescribed Morphine, Dilaudid, Voltaren, Zofran, Neurontin, Ibuprofen, Cyclobenzaprine, and Lidocaine. Diagnostic imaging included thoracic MRI dated 02/27/15, significant findings include: "No acute abnormality related to the thoracic spine... Intrathecal catheter extends from the L1-L2 level cephalad to the T11 level. Partially visualized soft tissue swelling, possible fluid collection in the subcutaneous midline tissues surrounding the extraspinal portion of the catheter." Patient's current work status is not provided. ODG Neck and Upper back chapter, under Diagnostic Occipital Nerve Blocks states: "Under Study. Greater occipital nerve blocks -GONB- have been recommended by several organizations for the diagnosis of both occipital neuralgia and cervicogenic headaches. It has been noted that both the International Association for the Study of Pain and World Cervicogenic Headache Society focused on relief of pain by analgesic injection into cervical structures, but there was little to no consensus as to what injection technique should be utilized and lack of convincing clinical trials to aid in this diagnostic methodology. Difficulty arises in that occipital nerve blocks are non-specific. This may result in misidentification of the occipital nerve as the pain generator. In addition, there is no research evaluating the block as a diagnostic tool under controlled conditions - placebo, sham, or other control. An additional problem is that patients with both tension headaches and migraine headaches respond to GONB. In one study comparing patients with cervicogenic headache to patients with tension headaches and migraines, pain relief was found by all three categories of patients. Due to the differential response, it has been suggested that GONB may be useful as a diagnostic aid in differentiating between these three headache conditions." In regards to the request for an outpatient occipital nerve block, the requested treatment is still under study and is not yet supported as a standard treatment. The 02/10/15 progress report indicates that this patient suffers from chronic headaches of an unknown origin.

Guidelines indicate that GONBs are under study for the use of primary headaches, and can be useful as a diagnostic tool in differentiating between cervicogenic headaches and occipital neuralgia. Physical findings do not include palpable tenderness to the occipital region, only cervical facet tenderness. It is not clear if this block is meant differentiate between cervicogenic headache and occipital neuralgia given a lack of occipital findings. Therefore, the request IS NOT medically necessary.