

<b>Case Number:</b>	CM15-0025212		
<b>Date Assigned:</b>	02/17/2015	<b>Date of Injury:</b>	08/22/2011
<b>Decision Date:</b>	04/07/2015	<b>UR Denial Date:</b>	01/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/10/2015

### 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, Arizona  
 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 61-year-old male who reported an injury on 08/22/2011. The mechanism of injury involved cumulative trauma. The current diagnoses are status post cumulative trauma, work related injury, and C3-6 fusion in 10/2011. On 01/29/2015, the injured worker presented with complaints of neck and occipital nerve pain as well as headaches. It was noted that the injured worker underwent a block, which provided 50% to 60% relief of symptoms. The injured worker was denied authorization for a radiofrequency ablation, as the procedure is currently considered experimental. The injured worker also reported an inability to sleep at night secondary to pain. Upon examination, there was tenderness in the posterior bilateral occipital areas with biceps weakness. There was diminished grip strength on the left. Recommendations included a prescription for Voltaren to help with pain and a follow-up visit for re-evaluation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bilateral Greater Occipital Radiofrequency Ablation #2:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back Chapter, Greater occipital nerve block, therapeutic.

**Decision rationale:** The Official Disability Guidelines do not recommend therapeutic intervention for greater occipital nerves in the form of a greater occipital nerve block, as they are currently under study for treatment of occipital neuralgia and cervicogenic headaches. There are no guideline recommendations for a radiofrequency ablation of the bilateral occipital nerves, as the use of occipital nerve blocks is currently under study. In this case, it was noted that the injured worker underwent greater occipital nerve blocks in the past. However, there was no evidence of objective functional improvement. The request for a second bilateral radiofrequency ablation would not be supported in the absence of significant functional improvement following the initial procedure, nor in the absence of peer reviewed literature to support its use. Given the above, the request is not medically appropriate at this time.