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| Case Number: | CM15-0215789 | | |
| Date Assigned: | 11/05/2015 | Date of Injury: | 06/11/2014 |
| Decision Date: | 12/28/2015 | UR Denial Date: | 10/07/2015 |
| Priority: | Standard | Application Received: | 11/03/2015 |

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, 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 42 year old male, who sustained an industrial injury on June 11, 2014. He reported an injury to his head. The injured worker was currently diagnosed as having cervicgia-neck pain, cervical sprain and strain of neck, cervicogenic headaches, contusion of face, neck and scalp, contusion of head and sleep disturbance. Treatment to date has included Transcutaneous Electrical Nerve Stimulation (TENS) unit with benefit, acupuncture without benefit, medication, and chiropractic treatment with benefit and cervical traction with benefit. On October 5, 2015, the injured worker presented to a left occipital nerve block. He complained of neck pain rated a 5 on a 1-10 pain scale. He also complained of associated headaches about one to two times per week. Lidopro ointment was noted to be very helpful for managing his pain and keeping his medication intake at a minimum. Current oral medications included naproxen and omeprazole. A request was made for left occipital nerve block. On October 7, 2015, utilization review denied a request for left occipital nerve block. A request for pain management consult and follow-up consult with Occ Med was authorized.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left occipital nerve block: Overturned

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) Head, Greater Occipital Nerve Block.

Decision rationale: The MTUS is silent on occipital nerve blocks. Per ODG TWC, greater occipital nerve blocks are "Under study for use in treatment of primary headaches. Studies on the use of greater occipital nerve block (GONB) for treatment of migraine and cluster headaches show conflicting results, and when positive, have found response limited to a short-term duration. (Ashkenazi, 2005) (Inan, 2001) (Vincent, 1998) (Afridi, 2006) The mechanism of action is not understood, nor is there a standardized method of the use of this modality for treatment of primary headaches. A recent study has shown that GONB is not effective for treatment of chronic tension headache. (Leinisch, 2005) The block may have a role in differentiating between cervicogenic headaches, migraine headaches, and tension-headaches." Per the medical records, conservative treatments including TENS unit, acupuncture, chiropractic manipulation, cervical traction, and medication management have been tried. Per the citation above, the block may have a role in differentiating between cervicogenic headaches, migraine headaches, and tension-headaches. The request is medically necessary.