

Case Number:	CM15-0225572		
Date Assigned:	11/24/2015	Date of Injury:	02/01/2014
Decision Date:	12/31/2015	UR Denial Date:	11/06/2015
Priority:	Standard	Application Received:	11/17/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 51 year old female, who sustained an industrial injury on 2-01-2014. The injured worker was diagnosed as having cervicalgia. Treatment to date has included diagnostics, right occipital nerve block 4-2014, chiropractic, and medications. On 10-12-2015, the injured worker complains of neck pain and muscular tightness, with debilitating headaches. She reported nerve pain and spasms flared up after her first session of myofascial therapy and was hopeful that future sessions could be modified to reduce increasing spasm. She reported that symptoms wax and wane throughout the day. She felt that headaches radiated along the right side of her head in the right side of her face, and included a sensation of pain behind or around the eye socket. She reported that a previous block ("apparently was an occipital nerve block") took her pain away significantly for about 8 hours but then returned completely back to baseline level of pain. Trigger point injections were effective in the past, but benefits were becoming shorter in duration. Medications included Naproxen, Cyclobenzaprine, Medrox ointment, Tramadol, Omeprazole, Norco, and Diazepam. Exam of the cervical spine noted cervical rigidity-spasm, tender medial scapular and paraspinal muscles, palpable nodules, taut bands-trigger points over the bilateral cervical and trapezius muscles, and limited range of motion. Tinel palpation over the right occipital nerve region at base of scalp produced increasing right-sided headache symptoms. Past medical history included migraines. The treatment plan included repeat occipital nerve block using a different steroid agent to see if longer term benefit could be achieved. Work status was not specified. On 11-06-2015 Utilization Review non-certified a request for occipital nerve block.

IMR ISSUES, DECISIONS AND RATIONALES

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

Occipital Nerve Block: 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).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Head, Occipital nerve stimulation (ONS) (2) Neck and Upper Back (Acute & Chronic), Greater occipital nerve block, therapeutic.

Decision rationale: The claimant sustained a work injury in February 2013 when she slipped and nearly fell on a wet floor. Two days after she had severe left-sided neck pain radiating into the left upper extremity. When her radicular pain faded two weeks later she then developed constant right-sided neck and head pain with radiating symptoms to the vertex and right side. She had a right occipital injection in April 2014 with lidocaine and Depo-Medrol and steroid with dramatic relief but with a return of pain after the anesthetic wore off. She continues to be treated for neck pain and headaches. When seen in October 2015 she had just started her first session of myofascial therapy and had a flareup of nerve pain and spasms. She was continuing to take Flexeril and was occasionally taking naproxen and Norco when her pain was severe. She was having radiating symptoms along the right side of her head into the face and pain around her eye. Physical examination findings included cervical rigidity and spasms. There were multiple trigger points. There was decreased cervical range of motion with stiffness and pain. There was bilateral trapezius tenderness. Spurling's testing was equivocal. Palpation over the right occipital nerve produced increasing right-sided headache symptoms. Authorization for a repeat occipital injection with consideration of radiofrequency ablation for a peripheral nerve stimulator was requested. The use of a therapeutic greater occipital nerve block is under study for treatment of occipital neuralgia and cervicogenic headaches. There is little evidence that the block provides sustained relief, and if employed, it is best used with concomitant therapy modulations. 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. In this case, the claimant has already had an occipital nerve block with positive diagnostic response. She had a flare-up of symptoms after a single myofascial treatment session. Conservative treatment would be expected prior to consideration of a therapeutic greater occipital nerve block. Occipital nerve stimulation (ONS) is not recommended until there is higher quality research, including research on adverse events and radiofrequency ablation would not be a recommended treatment. The requested injection is not medically necessary at this time.