

<b>Case Number:</b>	CM15-0031848		
<b>Date Assigned:</b>	02/25/2015	<b>Date of Injury:</b>	01/02/2014
<b>Decision Date:</b>	04/10/2015	<b>UR Denial Date:</b>	02/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/20/2015

### 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 53 year old [REDACTED] who sustained an industrial injury on January 2, 2014. The diagnoses have included cervical degenerative disc disease and occipital neuralgia. Treatment to date has included physical therapy and medications. Currently, the injured worker complains of neck pain with headaches and occipital and frontal pain. The Primary Treating Physician's report dated February 7, 2015, noted status post C2 and C3 bilateral injections on January 10, 2015, with good pain relief in the neck and upper back, without help with the headaches. On February 12, 2015, Utilization Review non-certified bilateral occipital nerve blocks and psych evaluation for occipital nerve stimulator, noting that the documentation did not provide sufficient evidence of significant objective functional deficits, sufficient evidence of objective efficacy of the previously performed injection, nor sufficient evidence that the injured worker was participating in concomitant therapy for the nerve blocks, and that the documentation did not provide sufficient evidence of tried and failed conservative care or exhaustion of conservative efforts for the psych evaluation for an occipital stimulator. The Official Disability Guidelines (ODG) was cited. On February 20, 2015, the injured worker submitted an application for IMR for review of certified bilateral occipital nerve blocks and psych evaluation for occipital nerve stimulator.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bilateral occipital nerve blocks: 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, Greater occipital nerve block diagnostic.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Head chapter, Greater occipital nerve block (GONB).

**Decision rationale:** The 2/12/15 Utilization Review letter states the Bilateral occipital nerve blocks requested on the 2/7/15 medical report was denied because there was no documented functional improvement with the prior injections. According to the 2/7/15 neurology report the patient presents with neck pain and headaches 6-10/10. There are no objective findings section is left blank. The treatment plan is for bilateral occipital nerve blocks and psych eval for occipital nerve stimulator. There is a chart note dated 2/7/15 that handwritten and states the patient is "s/p C2 and C3 B/L c good pain relief in the neck & upper back but did not help with headaches." MTUS did not discuss occipital nerve blocks so ODG guidelines were consulted. ODG-TWC guidelines, Head chapter online for Greater occipital nerve block (GONB) states this is under study for treatment of 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. The records show the patient with prior injections did not help with headaches. The ODG guidelines state the occipital nerve blocks are "under study". The request does have evidence-based support for treatment of headaches; and the prior injections were reported to be ineffective for headaches. The request to repeat the Bilateral occipital nerve blocks IS NOT medically necessary.

**Psych evaluation for occipital nerve stimulator: 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.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Head chapter, Occipital nerve stimulation (ONS).

**Decision rationale:** The 2/12/15 Utilization Review letter states the Psychological evaluation for an occipital nerve stimulator requested on the 2/7/15 medical report was denied because there was insufficient documentation on prior tried and failed conservative care. MTUS does have support for psychological evaluations for spinal cord stimulators, but MTUS does not specifically discuss evaluations for an occipital nerve stimulator. ODG guidelines were consulted. ODG-TWC guidelines, Head chapter online, for Occipital nerve stimulation (ONS) states: Not recommended until there is higher quality research, including research on adverse events. The use of occipital nerve stimulation is not recommended per ODG guidelines. The physician has not discussed the rationale for a psychological evaluation for a non-recommended device or therapy. The request for Psychological evaluation for an occipital nerve stimulator IS NOT medically necessary.