

Case Number:	CM15-0032358		
Date Assigned:	02/25/2015	Date of Injury:	10/12/2005
Decision Date:	04/14/2015	UR Denial Date:	01/22/2015
Priority:	Standard	Application Received:	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: New York, West Virginia, Pennsylvania
 Certification(s)/Specialty: Emergency Medicine

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 48-year-old female, who sustained an industrial injury on 10/12/2005. On 2/20/15, the injured worker submitted an application for IMR for review of four occipital nerve blocks to the greater and lesser occipital nerves posteriorly, and Norco 5/325 mg, sixty count. The treating provider has reported the injured worker complained of daily headaches and problems with upper extremities notably the left with weakness (dropping things), tremoring, and numbness on the right. The diagnoses have included cervical disc displacement; bilateral occipital neuralgia, posttraumatic chronic daily headaches with migraine component, cervical dystonia; tremor left upper extremity, brachial plexopathy/thoracic outlet. Treatment to date has included status post cervical fusion times two (5/8/08 and 9/15/09); MRI Cervical (4/6/12). On 1/22/15 Utilization Review non-certified four occipital nerve blocks to the greater and lesser occipital nerves posteriorly, and Norco 5/325 mg, sixty count. The MTUS, ODG and ACOEM Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Four occipital nerve blocks to the greater and lesser occipital nerves posteriorly: 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), Head and Neck & Upper Back Chapters.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) .

Decision rationale: Guidelines state that occipital nerve blocks are under study for the treatment of occipital neuralgia, cervicogenic and primary headaches. Little evidence exists that blocks provide sustained relief in the treatment of occipital neuralgia and cervicogenic headaches. Although this patient is suffering from chronic headaches along with occipital neuralgia, there is no support from evidence-based guidelines that occipital nerve blocks are effective. Thus, the request for four occipital nerve blocks is not medically necessary and appropriate.

Norco 5/325 mg, sixty count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids - Criteria for Use Section.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 75, 78.

Decision rationale: Guidelines state that Norco is indicated for moderate to moderately severe pain associated with specific diagnoses that have been shown to not have good success with opioid therapy including somatization disorder, conversion disorder, or a pain disorder associated with psychological factors such as anxiety or depression. In this case, the patient suffers from chronic occipital pain associate with panic or anxiety attacks. Due to the patient's history of anxiety, the request for Norco is not medically appropriate and necessary.