

Case Number:	CM15-0032915		
Date Assigned:	02/26/2015	Date of Injury:	12/15/2011
Decision Date:	04/13/2015	UR Denial Date:	02/19/2015
Priority:	Standard	Application Received:	02/23/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 54-year-old [REDACTED] employee who has filed a claim for chronic post-traumatic headaches reportedly associated with an industrial injury of December 15, 2011. In a Utilization Review Report dated February 19, 2015, the claims administrator denied a request for an occipital nerve block. The claims administrator referenced a February 12, 2015 RFA form in its determination. The claims administrator noted that the applicant had issues with posttraumatic headaches, posttraumatic stress disorder, and anxiety. It was suggested that the applicant had had previous trigger point injections, Botox injections, and earlier occipital and trigeminal nerve blocks in May 2014 and January 2015. The applicant's attorney subsequently appealed. On May 29, 2014, the applicant presented with ongoing complaints of migraine headaches. The applicant was given occipital nerve blocks in the clinic. The applicant was asked to pursue Botox injections. The applicant also reported ancillary complaints of headaches secondary to TMJ/jaw clenching. In addition to occipital nerve blocks, facial nerve blocks, and trigeminal nerve blocks were performed. The applicant was reportedly using Zanaflex for pain relief. On February 2, 2015, the applicant was described as having had a previous occipital and/or trigeminal nerve block several weeks prior. Another injection was performed in the clinic. The applicant was asked to pursue further occipital nerve blocks. The applicant's work status was not furnished. 8/10 pain complaints were reported.

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: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM V.3 > Chronic Pain > Diagnostic / Treatment Considerations > Diagnostic Testing > Local Anesthetic Injections. Greater occipital nerve blocks are occasionally used to attempt to determine whether a complaint of headache is due to static neck position versus migraine. Keeping the head tilted to the side, flexed forward, or extended for prolonged periods of time can result in headache. When this occurs, one postulated mechanism is traction upon the greater occipital nerve. There are no quality studies demonstrating that repeated injections, the addition of corticosteroid, or attempts to ablate the aforementioned peripheral nerves are effective in the long-term management of chronic localized pain. Recommendation: Local Anesthetic Injections for Diagnosing Chronic Pain Local anesthetic injections are recommended for diagnosing chronic pain. Strength of Evidence Recommended, Insufficient Evidence (I) Rationale for Recommendation. Local injections (including greater occipital nerve blocks, ilioinguinal, genitofemoral nerve blocks) have not been evaluated in sizable, quality studies for diagnostic, prognostic, or treatment purposes, though they may assist with diagnosis and consideration of potential treatment options and are thus recommended. However, corticosteroid or neuroablative injections/procedures for localized pain for these nerve blocks are not recommended as the risk of increased pain, local tissue reaction, and neuroma outweigh documented benefits (see Table 8).

Decision rationale: No, the occipital nerve block was not medically necessary, medically appropriate, or indicated here. The MTUS does not address the topic. While the Third Edition ACOEM Guidelines Chronic Pain Chapter does support local anesthetic injections such as the greater occipital nerve block at issue in an effort to diagnose chronic pain and/or to determine whether complaint of headache is due to static neck position versus migraines. ACOEM notes that there is no quality evidence to support usage of repeated injections or repeated peripheral nerve blocks in an effort to treat chronic localized pain. ACOEM further notes that repeated neuroablative procedures such as was proposed here are "not recommended". Here, the request in question did, in fact, represent a request for repeat occipital nerve blocks. The applicant had had multiple such procedures in the past. No clear or compelling rationale for such frequent injections was furnished in the face of the unfavorable ACOEM position on the same. Therefore, the request was not medically necessary.