

Case Number:	CM15-0033109		
Date Assigned:	02/26/2015	Date of Injury:	06/27/2014
Decision Date:	04/10/2015	UR Denial Date:	01/22/2015
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: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 47 year old male, who sustained a work related injury on 6/27/14. He was hit by a rock weighing about 45 pounds in the back of the head and fell. The diagnoses have included cervicogenic headache, cervical facet arthropathy, cervical sprain/strain and mild closed head injury. Treatments to date have included 6 sessions of acupuncture without benefit, oral medications, MRI cervical spine dated 12/2/14, MRI brain dated 12/2/14 and duty modifications. In the PR-2 dated 12/15/14, the injured worker complains of neck pain and headaches. He rates the pain a 5/10. The pain gets better with lying down or a change in positions. He has tenderness to cranium over temporal area especially on the left side. There is tenderness to palpation of cervical musculature. On 1/22/15, Utilization Review non-certified a request for bilateral occipital nerve and supraorbital nerve blocks under ultrasound. The ODG and non-MTUS Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral occipital nerve and supraorbital nerve blocks under ultrasound: 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 Insert Section (Greater occipital nerve block, therapeutic.) (<http://www.worklossdatainstitute.verioiponly.com/odgtwc/neck.htm#Greateroccipitalnerveblocktherapeutic>).

Decision rationale: According to ODG guidelines, occipital nerve block, therapeutic under study for treatment of occipital neuralgia and cervicogenic headaches, there is little evidence that the block provides sustained relief, and if employed, is best used with concomitant therapy modulations. (Biondi, 2005) Current reports of success are limited to small, noncontrolled case series. Although short-term improvement has been noted in 50-90% of patients, many studies only report immediate postinjection results with no follow-up period. In addition, there is no gold-standard methodology for injection delivery, nor has the timing or frequency of delivery of injections been researched. (Haldeman, 2001) (Inan, 2001) (Vincent, 1998) 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. There is no clear documentation that the patient failed oral medications used to treat his pain. There are no controlled studies supporting the use of occipital nerve block for the treatment of the patient pain. There is no accurate characterization of the patient headache and no evidence that the occipital nerve is the main pain generator. Therefore, the request for bilateral occipital nerve and supraorbital nerve blocks under ultrasound is not medically necessary.