

Case Number:	CM15-0037922		
Date Assigned:	03/06/2015	Date of Injury:	05/19/2011
Decision Date:	04/17/2015	UR Denial Date:	01/28/2015
Priority:	Standard	Application Received:	02/27/2015

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 38-year-old individual who sustained an industrial injury on 05/19/2011. Current diagnoses include post-concussive syndrome, cervical disc displacement without myelopathy, and head injury. Previous treatments included medication management. Report dated 03/02/2015 noted that the injured worker presented with complaints that included neck and head pain, headaches, and cognitive difficulties. The injured worker stated that the back of her head is numb and tender, and that she has increased vomiting associated with dizziness. Physical examination was positive for abnormal findings. Requested treatments included occipital nerve block with fluoroscopic guidance and intravenous sedation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Occipital Nerve Block (64405x3), Fluoroscopic guidance (76000x1), IV sedation (99144x1):

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 chapter.

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.

Decision rationale: The patient presents with head and neck pain. The physician is requesting an OCCIPITAL NERVE BLOCK 644053 FLUOROSCOPIC GUIDANCE 76001 IV SEDATION 99144 X1. The RFA from 01/22/2015 shows a request for occipital nerve block 664053, Fluoroscopic guidance 760001 IV sedation 99144 x1. The patient's date of injury is from 05/19/2011 and she is currently permanent and stationary. The ODG guidelines Head chapter on Greater occipital nerve block GONB states, "Under study for use in treatment of primary headaches. Studies on the use of greater occipital nerve block GONB for treatment of migraine and cluster headaches show conflicting results, and when positive, have found response limited to a short-term duration."The records do not show any previous occipital nerve block. The 01/19/2015 progress report shows that the patient continues to complain of neck and head pain. She has headaches and cognitive difficulties. The pain radiates from the back of her head into the scalp laterally and anteriorly. Tactile stimulation to the head exacerbates her pain. Positive bilateral Tinel's exam of greater occipital nerves on posterior scalp. In this case, given the lack of support from the guidelines, the request IS NOT medically necessary.