

Case Number:	CM15-0042353		
Date Assigned:	03/13/2015	Date of Injury:	10/03/2013
Decision Date:	04/22/2015	UR Denial Date:	02/12/2015
Priority:	Standard	Application Received:	03/06/2015

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: Florida

Certification(s)/Specialty: Neurology, Pain Management

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 (IW) is a 46-year-old male who sustained an industrial injury on 10/03/2013. The head and neck were affected. Diagnoses include tinnitus; occipital neuralgia; tension headache; post concussion syndrome; concussion with no loss of consciousness and head trauma, blunt. Treatment to date has included medications, home exercises, nerve block injection, ENT evaluation and cognitive therapy. CT scans and MRIs were performed. According to the progress notes dated 1/7/15, the IW reported pressure and aching in the right eye, pressure in the right ear, ringing in both ears and difficulty with visual activities. The notes stated the IW did not get pain relief from over the counter analgesics. The requested service was part of the provider's treatment plan for pain control.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Lesser Occipital Block for Head/Cervical Spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck & Upper Back Chapter, Greater Occipital Nerve Block.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation official disability guidelines- pain, nerve injection.

Decision rationale: The medical records do not report the presence of trigger points with demonstrated twitch response. ODG guidelines support that nerve injections are not recommended in the absence of myofascial pain syndrome or demonstrated focal tenderness consistent with occipital neuralgia. ODG supports the effectiveness of trigger point injection is uncertain, in part due to the difficulty of demonstrating advantages of active medication over injection of saline. Needling alone may be responsible for some of the therapeutic response. The only indication with some positive data is myofascial pain; may be appropriate when myofascial trigger points are present on examination. As the medical records do not demonstrate trigger points on exam, not responsive to other conservative treatment, ODG guidelines do not support the injections in this case. Therefore, the request is not medically necessary.