

Case Number:	CM15-0045543		
Date Assigned:	03/17/2015	Date of Injury:	04/25/2009
Decision Date:	05/01/2015	UR Denial Date:	03/10/2015
Priority:	Standard	Application Received:	03/10/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 is a 61-year-old male, who sustained an industrial injury on 04/25/2009. He has reported injury to the neck and low back. The diagnoses have included cervical radiculopathy; low back pain; lumbar radiculopathy; and lumbar facet syndrome. Treatment to date has included medications, diagnostics, cervical epidural steroid injection, trigger point injections; and physical therapy. Medications have included Gabapentin, Oxycodone, and Oxycontin. A progress note from the treating physician, dated 02/24/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of headaches, and pain in the neck and low back; pain remains unchanged since last visit and is rated 8/10 on the visual analog scale without medications. Objective findings included tenderness and spasm on both sides of the cervical paravertebral muscles and trapezius; restricted cervical range of motion; tenderness and spasm on both sides of the lumbar paravertebral muscles; lumbar facet loading is positive on both sides; and straight-leg-raising test is positive on the right side. The treatment plan has included Occipital Nerve Block (side: Both).

IMR ISSUES, DECISIONS AND RATIONALES

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

Occipital Nerve Block (side: Both): 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) TWC Head Procedure.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head (trauma, headaches, etc., not including stress & mental disorders), Greater occipital nerve block (GONB).

Decision rationale: The claimant is more than [REDACTED] years status post work-related injury and continues to be treated for chronic neck and low back pain. When seen by the requesting provider, there is reference to ongoing headaches. Guidelines indicate that a greater occipital nerve block may have a role in differentiating between cervicogenic headaches, migraine headaches, and tension-headaches. In this case, the claimant's headaches are not adequately described in terms of the location, character, frequency, or duration. Classification of her headaches cannot be determined. Additionally, there are no physical examination findings that would suggest a diagnosis of greater occipital neuralgia and therefore the requested procedure is not medically necessary.