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| <b>Case Number:</b>   | CM15-0051162 |                              |            |
| <b>Date Assigned:</b> | 03/24/2015   | <b>Date of Injury:</b>       | 08/07/1998 |
| <b>Decision Date:</b> | 05/01/2015   | <b>UR Denial Date:</b>       | 03/06/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 03/18/2015 |

### 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, California

Certification(s)/Specialty: Family Practice

### 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 53-year-old female, who sustained an industrial injury on 8/7/1998. The current diagnosis is cervical radiculopathy. According to the progress report dated 2/26/2015, the injured worker complains of neck pain, shoulder pain, and increasing headaches on the left side of the head that radiates proximally and retro-orbital. The headaches can be associated with photophobia. The pain is rated 6/10 on a subjective pain scale. Physical examination revealed palpable twitch, positive trigger points in cervical area, limited range of motion of the cervical spine and 3/5 strength of the left UE, normal sensation and tenderness on palpation over occipital region. The current medications are Amitriptyline, Lidoderm, Omeprazole, and Tizanidine. Treatment to date has included medication management, acupuncture, chiropractic, and home exercise program. The plan of care includes left-sided occipital nerve block with ultrasound guidance and 6 additional sessions of acupuncture.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Injection: Occipital Nerve Block With Ultrasound Guidance:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Pain Procedure Summary last updated 01/21/2015.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head (updated 01/21/15) Neck & Upper Back (updated 11/18/14) Greater occipital nerve block (GONB).

**Decision rationale:** Injection: Occipital Nerve Block With Ultrasound Guidance Per the ODG guidelines cited below, "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 mechanism of action is not understood, nor is there a standardized method of the use of this modality for treatment of primary headaches. A recent study has shown that GONB is not effective for treatment of chronic tension headache." A recent detailed examination documenting significant functional deficits that would require greater occipital nerve blocks was not specified in the records provided. The response of the headaches to medications for chronic pain like anticonvulsants was not specified in the records provided. As per cited guidelines, greater occipital nerve block is under study and is not effective for treatment of chronic tension headaches. The medical necessity of the request for Injection: Occipital Nerve Block with Ultrasound Guidance is not fully established in this patient.