

Case Number:	CM15-0057240		
Date Assigned:	04/02/2015	Date of Injury:	11/05/2013
Decision Date:	05/07/2015	UR Denial Date:	02/25/2015
Priority:	Standard	Application Received:	03/25/2015

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 female, who sustained an industrial injury on 11/5/13. She reported head and neck injury. The injured worker was diagnosed as having cervical sprain, contusion of face, scalp and neck, shoulder impingement, derangement of joint, lumbar radiculopathy and sprains and strains of elbow and forearm. Treatment to date has included oral medications, home exercise program and activity restrictions. Currently, the injured worker complains of neck pain, back pain and increasing anxiety. Upon physical exam tenderness of paravertebral muscles of cervical spine is noted with spasms and decreased range of motion, decreased range of motion of right shoulder, tenderness to palpation of right wrist and tenderness to palpation of lateral right elbow. The treatment plan consisted of cervical trigger point injections and ultrasound guided nerve block.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical block 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, Head, Greater Occipital Nerve Block.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Greater occipital nerve block (GONB). <http://www.odg-twc.com/index.html>.

Decision rationale: Based on ODG guidelines, Greater occipital nerve block (GONB) "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. (Ashkenazi, 2005) (Inan, 2001) (Vincent, 1998) (Afridi, 2006) 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. (Leinisch, 2005) The block may have a role in differentiating between cervicogenic headaches, migraine headaches, and tension-headaches. (Bovim, 1992) See also the Neck Chapter: Cervicogenic headache, facet joint neurotomy; Greater occipital nerve block, diagnostic; & Greater occipital nerve block, therapeutic." Based on the above, there is no strong evidence supporting the efficacy and safety of the use of occipital block, therefore the request is not medically necessary.