

Case Number:	CM15-0085204		
Date Assigned:	05/07/2015	Date of Injury:	03/13/2014
Decision Date:	06/26/2015	UR Denial Date:	04/22/2015
Priority:	Standard	Application Received:	05/04/2015

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: Arizona, 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 29 year old male, who sustained an industrial injury on 03/13/2014. He has reported subsequent low back, neck and head pain and was diagnosed with cervical and lumbar sprain/strain with upper and lower extremity radiculopathy, brachial neuritis/radiculitis and sacroiliitis. Treatment to date has included oral pain medication, trigger point injections, physical therapy, chiropractic therapy and bracing. In a progress note dated 03/30/2015, the injured worker complained of low back and head pain. Objective findings were notable for an antalgic gait and stiffness with range of motion. A request for authorization of bilateral occipital nerve blocks was submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral occipital nerve blocks, #1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment in Workers Compensation Neck & Upper Back Procedure Summary Sacroiliac Blocks.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG- Head chapter and pg 20.

Decision rationale: According to the guidelines occipital nerve blocks are under study for treatment of headaches and show conflicting results for treatment for migraines. In this case, the etiology and quality of the headaches were not well defined. The failure of proven options such as analgesics or Triptans for Migraines was not noted. The blocks have not been proven for routine management of headaches and are not medically necessary.