

Case Number:	CM15-0085793		
Date Assigned:	05/08/2015	Date of Injury:	09/23/2014
Decision Date:	06/09/2015	UR Denial Date:	04/07/2015
Priority:	Standard	Application Received:	05/05/2015

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, New York
 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 58 year old female, who sustained an industrial injury on 9/23/2014. The current diagnoses are headache and post-concussion syndrome. According to the progress report dated 3/24/2015, the injured worker complains of daily headaches. The headache location "moves around". The pain is described as burning, throbbing, and pressure. Lying down in a dark room without moving helps during the headache. The headache is not positional and occurs at random times. Symptoms associated with the headaches are photophobia, phonophobia, nausea, and movement sensitivity. The current medications are Topamax, Meclizine, Zofran, and over-the-counter Tylenol or Ibuprofen. Treatment to date has included medication management, computed tomography scan, MRI studies, physical therapy, myofascial therapy, and trigger point injections. The plan of care includes greater or lesser occipital nerve injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Greater or Lesser Occipital Nerve Injection: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Neck and Upper Back.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG: Official Disability Guidelines: Head/Greater Occipital nerve block.

Decision rationale: The request is considered not medically necessary. MTUS guidelines do not address the use of occipital nerve block. According to ODG guidelines, the use of occipital nerve block is under study for the treatment of headaches. There are conflicting data from trials and when positive, the results are for short-term duration. There is not enough data to recommend the use of the nerve block. Therefore, the request is not medically necessary.