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| Case Number: | CM15-0237545 | | |
| Date Assigned: | 12/14/2015 | Date of Injury: | 03/02/2011 |
| Decision Date: | 01/22/2016 | UR Denial Date: | 11/13/2015 |
| Priority: | Standard | Application Received: | 12/04/2015 |

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 55 year old female with a date of injury on 3-2-11. A review of the medical records indicates that the injured worker is undergoing treatment for cervical and lumbar spine pain. Progress report dated 11-3-15 reports continued complaints of neck, mid back, and lower back pain with continued symptoms in the lateral thigh area. She states her main complaint is her neck in the occipital region as well as radiation down into her neck and back. She has almost completed aquatic therapy and reports happy with outcome. Physical exam: good strength in upper and lower extremities with normal sensation, negative straight leg raise, exquisite pain on palpation to the occipital region, especially on the left side, the palpation of that area reproduces much of her neck pain and causes headaches. MRI cervical spine 2-20-15 showed mild degenerative changes resulting in mild neuroforaminal narrowing. Treatments include: medications, physical therapy, chiropractic, lumbar facet injections, epidural steroid injections, aquatic therapy and lumbar fusion on 7-17-14. Request for authorization dated 11-6-15 was made for Occipital nerve block. Utilization review dated 11-13-15 non-certified the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Occipital nerve block: 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) head (updated 7/24/15) greater occipital nerve block (GONB); Neck and Upper Back (updated 6/25/15) Greater occipital nerve block, diagnostic, Greater occipital nerve block, therapeutic.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper back chapter, under Therapeutic Greater Occipital Nerve Block.

Decision rationale: The current request is for an Occipital nerve block. Treatments include: medications, physical therapy, chiropractic, lumbar facet injections, epidural steroid injections, aquatic therapy and lumbar fusion on 7/17/14. The patient is permanent and stationary and it is unclear if she is working. ODG Neck and Upper back chapter, under Therapeutic Greater Occipital Nerve Block states: Under study for treatment of occipital neuralgia and cervicogenic headaches. There is little evidence that the block provides sustained relief, and if employed, is best used with concomitant therapy modulations. Current reports of success are limited to small, noncontrolled case series. Although short-term improvement has been noted in 50-90% of patients, many studies only report immediate post injection results with no follow-up period. In addition, there is no gold-standard methodology for injection delivery, nor has the timing or frequency of delivery of injections been researched. Limited duration of effect of local anesthetics appears to be one factor that limits treatment and there is little research as to the effect of the addition of corticosteroid to the injectate. Per report 11/3/15, the patient reports continued complaints of neck, mid back, and lower back pain with symptoms in the lateral thigh area. She states that her main complaint is the pain in the neck in the occipital region as well as radiation down into her neck and back. Physical examination revealed exquisite pain on palpation to the occipital region, especially on the left side. The treater states that the palpation of that area reproduced neck pain, which appears to be causing the headaches. MRI of the cervical spine from 02/20/15 showed mild degenerative changes resulting in mild neuroforaminal narrowing. The treater recommended an occipital nerve block for pain relief. In this case, such treatments are still under study and not yet supported as standard therapy; and there is lack of firm guideline support for such injections as a therapeutic measure. Therefore, the request is not medically necessary.