

Case Number:	CM15-0240759		
Date Assigned:	12/17/2015	Date of Injury:	05/18/2006
Decision Date:	01/22/2016	UR Denial Date:	11/30/2015
Priority:	Standard	Application Received:	12/10/2015

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: Indiana, California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 51 year old male who sustained an industrial-work injury on 5-18-06. The injured worker was diagnosed as having lumbosacral herniated nucleus pulposus, lumbosacral radiculitis, annular tear, cervical spine herniated nucleus pulposus. Treatment to date has included medication: Ranitidine, Naproxen, Methocarbamol; diagnostics, and ESI (epidural steroid injection). Currently, the injured worker complains of neck, mid back, low back pain rated 9 out of 10 with bilateral leg numbness and tingling. Per the primary physician's progress report (PR-2) on 10-7-15, exam noted tenderness to palpation and spasms to the cervical and lumbar spine, reduced sensation to both lower extremities, positive straight leg raise on right, reduced range of motion. The Request for Authorization requested service to include Bilateral Occipital nerve block times 2 and follow up times 3. The Utilization Review on 11-30-15 denied the request for Bilateral Occipital nerve block times 2 and follow up times 3.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral Occipital nerve block times 2: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back chapter, Greater occipital nerve block diagnostic.

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

Decision rationale: MTUS is silent with regards to occipital nerve blocks, so other guidelines were utilized. ODG states, "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." MTUS further writes, "Under Study. Greater occipital nerve blocks (GONB) have been recommended by several organizations for the diagnosis of both occipital neuralgia and cervicogenic headaches. It has been noted that both the International Association for the Study of Pain and World Cervicogenic Headache Society focused on relief of pain by analgesic injection into cervical structures, but there was little to no consensus as to what injection technique should be utilized and lack of convincing clinical trials to aid in this diagnostic methodology. (Haldeman, 2001) Difficulty arises in that occipital nerve blocks are non-specific. This may result in misidentification of the occipital nerve as the pain generator. (Biondi, 2005) (Leone, 1998) (Aetna, 2006) In addition, there is no research evaluating the block as a diagnostic tool under controlled conditions (placebo, sham, or other control). (Bogduk, 2004) An additional problem is that patients with both tension headaches and migraine headaches respond to GONB. In one study comparing patients with cervicogenic headache to patients with tension headaches and migraines, pain relief was found by all three categories of patients (54.5%, 14% and 6%, respectively). Due to the differential response, it has been suggested that GONB may be useful as a diagnostic aid in differentiating between these three headache conditions." Therapeutically, "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." The medical records do not indicate that the occipital nerve block would be used to differentiate between cervicogenic headaches, migraine headaches, and tension-headaches, which is one possible reason for utilization per ODG. As such, the request for Occipital Nerve Block is not medically necessary.

Follow up times 3: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: MTUS is silent with regards to occipital nerve blocks, so other guidelines were utilized. ODG states, "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." MTUS further writes, "Under Study. Greater occipital nerve blocks (GONB) have been recommended by several organizations for the diagnosis of both occipital neuralgia and cervicogenic headaches. It has been noted that both the International Association for the Study of Pain and World Cervicogenic Headache Society focused on relief of pain by analgesic injection into cervical structures, but there was little to no consensus as to what injection technique should be utilized and lack of convincing clinical trials to aid in this diagnostic methodology. (Haldeman, 2001) Difficulty arises in that occipital nerve blocks are non-specific. This may result in misidentification of the occipital nerve as the pain generator. (Biondi, 2005) (Leone, 1998) (Aetna, 2006) In addition, there is no research evaluating the block as a diagnostic tool under controlled conditions (placebo, sham, or other control). (Bogduk, 2004) An additional problem is that patients with both tension headaches and migraine headaches respond to GONB. In one study comparing patients with cervicogenic headache to patients with tension headaches and migraines, pain relief was found by all three categories of patients (54.5%, 14% and 6%, respectively). Due to the differential response, it has been suggested that GONB may be useful as a diagnostic aid in differentiating between these three headache conditions." Therapeutically, "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." The medical records do not indicate that the occipital nerve block would be used to differentiate between cervicogenic headaches, migraine headaches, and tension-headaches, which is one possible reason for utilization per ODG. As such, the request for Occipital Nerve Block is not medically necessary. Thus, by extension, the follow up x3 is not medically necessary.