

Case Number:	CM15-0242314		
Date Assigned:	12/21/2015	Date of Injury:	06/05/2011
Decision Date:	01/29/2016	UR Denial Date:	12/03/2015
Priority:	Standard	Application Received:	12/14/2015

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

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 62 year old female with a date of injury of June 5, 2011. A review of the medical records indicates that the injured worker is undergoing treatment for headache, occipital neuralgia, failed neck surgery syndrome, cervicalgia, and cervical spondylosis. Medical records dated August 14, 2015 indicate that the injured worker complained of headache radiating to the left shoulder rated at a level of 9 out of 10. Records also indicate that the injured worker had undergone cervical medial branch block with excellent relief, but that the pain had returned. A progress note dated November 17, 2015 documented complaints similar to those reported on August 14, 2015. Per the treating physician (October 19, 2015), the employee was permanent and stationary. The physical exam dated August 14, 2015 reveals limited range of motion of the cervical spine, tenderness at the occipital nerve sites bilaterally, tenderness to palpation of the cervical paraspinals over the bilateral facet region, and positive facet loading bilaterally. The progress note dated November 17, 2015 documented a physical examination that showed decreased range of motion of the cervical spine, tenderness of the cervical paraspinals right greater than left, and positive facet loading on the left. Treatment has included cervical medial branch block and medications (Remeron, Celebrex, Topamax, and Percocet). The treating physician noted that past imaging studies showed multiple levels of degenerative changes and facet hypertrophy. The utilization review (December 3, 2015) non-certified a request for three left occipital nerve blocks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Occipital nerve block three (3) to left side: 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), Greater occipital nerve block diagnostic Greater occipital nerve blocks (GONB).

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.

Decision rationale: The MTUS is silent on occipital nerve blocks. Per ODG TWC, greater occipital nerve blocks are "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." Per the medical records submitted for review, it is noted that the injured worker is undergoing treatment for headache, occipital neuralgia, failed neck surgery syndrome, cervicgia, and cervical spondylosis. Treatment to date has included medial branch blocks which were effective. The documentation does not note a desire to differentiate between cervicogenic, migraine, and tension headaches. Furthermore, the requested 3 injections is not appropriate, as the medical necessity of repeat injection relies on response to treatment. As the guidelines do not recommend greater occipital nerve block, the request is not medically necessary.