

Case Number:	CM14-0115305		
Date Assigned:	08/04/2014	Date of Injury:	10/10/2013
Decision Date:	10/14/2014	UR Denial Date:	07/01/2014
Priority:	Standard	Application Received:	07/21/2014

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 63 year old male who has developed persistent head pain subsequent to a fall on 10/10/13. He has been diagnosed with persistent cervicogenic headaches. An occipital anesthetic injection provided about 24 hours or improvement. This was repeated with an steroid and under ultrasound guidance. It is reported that this assisted with pain relief for about a week. A 3rd occipital injection has been requested, but it is documented that overall the headache is worse. Subsequent to the request for a 3rd injection a request for cervical facet blocks has been made. Several medication have been trialed without success. CT and MRI scanning were negative for visible brain injury. Severe chronic sinusitis was noted on both scans. There is no documented acknowledgement of this in the records reviewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

OCCIPITAL BLOCKS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger point injections, Page(s): 122.. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back, Occipital Injections

Decision rationale: The MTUS Guidelines do not address this issue. ODG Guidelines address this issue and point out the weakness in the literature supporting the request, but the Guidelines do not directly state it is not recommended. Under these circumstances it would be reasonable to apply the same standards as other injection therapies of questionable value (epidurals or trigger point injections) i.e. to justify repeat injections there should be 5-6 weeks of pain relief with diminished need for other medical treatment. The prior 2 injections did not meet the Guideline standards for repeating injection therapies and no unusual circumstances are documented that would justify an exception to Guideline recommendations. The request for the repeat cervical blocks is not medically necessary.