

Case Number:	CM14-0137158		
Date Assigned:	09/05/2014	Date of Injury:	02/17/2013
Decision Date:	10/17/2014	UR Denial Date:	08/12/2014
Priority:	Standard	Application Received:	08/25/2014

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 Emergency 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:

The patient had a reported date of injury of 2/17/2013. No mechanism of injury was provided for review. The patient has a diagnosis of acute neck pain, multi-level disc protrusion with radicular symptoms, discogenic neck pain and discogenic headache. The patient complains of neck pains radiating to neck, bilateral trapezius and parascapular C5 and C6 dermatomes, some paresthesias to right shoulder and right face and a pain rating of 5-10/10. An objective exam reveals tenderness to cervical area with tightness to cervical spine muscles, limited flexion and rotation of neck, multiple trigger points to trapezius is palpable a positive Spurling's test bilaterally, tenderness and headaches with palpation over greater occipital nerve, decreased sensation at L C6 dermatome and normal strength. The note mentions that occipital injections were to decrease pain so that patient can wait for an epidural injection. A magnetic resonance imaging of cervical spine reveals mild central stenosis at C4-5, a multi-level disc protrusion from 2-3mm at C4-5, C5-6 and C6-7, and some pressure over thecal sac at those levels. The patient has undergone physical therapy and acupuncture. The medications include Ultracet, Diclofenac and Orphenadrine. The Independent Medical Review is for Occipital nerve block injection. A prior UR on 8/12/14 recommended non-certification. The UR report states discussion with treating provider states that patient has only recently started conservative therapy despite 1 year of symptoms.

IMR ISSUES, DECISIONS AND RATIONALES

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

Occipital nerve block injection: 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), therapeutic

Decision rationale: There is no section in the MTUS Chronic pain or ACOEM guidelines that deal with this topic. As per Official Disability Guidelines (ODG), Greater Occipital Nerve Blocks (GONB) are under a study for treatment of migraines or cluster headaches. Some short term improvement is noted in studies but there is no noted long term relief and should be used concomitantly with other therapies. There is no clear plan documented by the provider concerning rationale behind GONB besides short term pain relief. Patient has yet to maximize conservative therapy. While GONB may be useful in differentiating between cervicogenic vs. occipital neuralgia, the documentation of reasoning behind why GONB was requested is not compelling and does not meet ODG recommendations. The Greater Occipital Nerve Block is not medically necessary.