

Case Number:	CM14-0088627		
Date Assigned:	07/23/2014	Date of Injury:	12/29/2012
Decision Date:	10/01/2014	UR Denial Date:	06/02/2014
Priority:	Standard	Application Received:	06/12/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 is a 32-year-old female who has submitted a claim for cervical facet arthropathy, occipital neuralgia, myofascial pain syndrome, and shoulder osteoarthritis associated with an industrial injury date of 12/29/2012. Medical records from 01/07/2014 to 05/23/2014 were reviewed and showed that patient complained of neck pain graded 5-8/10 radiating down both suboccipital areas which cause frequent headaches. Physical examination revealed asymmetry of the curvature of the cervical spine, limited ROM, tenderness over paravertebral muscles, trigger point over the right side, intact DTRs of upper extremities, and negative cervical facet loading and Spurling's maneuver. MRI of the cervical spine dated 02/28/2014 revealed C5-6 right posterolateral herniated disc causing spinal cord compression, spinal stenosis, and impingement of the right nerve root and C4-5 and C6-7 disc bulge with no spinal stenosis. Treatment to date has included bilateral occipital nerve block (01/27/2014), cervical medial branch block (01/16/2014), physical therapy, Norco, Vicodin, and ibuprofen. Of note, bilateral occipital nerve block provided 70% pain relief for 1 week (05/23/2014). Utilization review dated 06/02/2014 denied the request for bilateral greater occipital nerve blocks, ultrasound guidance because the nerve blocks can be done without ultrasound guidance and would need more information for medical necessity justification.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETRO Bilateral Greater Occipital Nerve Block: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Neck & Upper Back (updated 04/14/14) 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) Neck Chapter, Greater Occipital Nerve Block, Therapeutic

Decision rationale: CA MTUS does not specifically address occipital nerve blocks. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines (ODG) was used instead. ODG states that greater occipital nerve injection is under study for treatment of occipital neuralgia and cervicogenic headaches and there is little evidence that the block provides sustained relief. In addition, the mechanism of action is not understood, nor is there a gold-standard methodology for injection delivery. In this case, the patient complained of neck pain which caused frequent headaches. It was noted that the patient underwent bilateral greater occipital nerve block (01/27/2014) which provided 70% relief for 1 week (05/23/2014). The guidelines do not recommend greater occipital nerve injections because there is little evidence that it provides sustained relief and is still under study for occipital neuralgia and cervicogenic headaches. There was no discussion as to why variance from the guidelines was needed during the time of injection. Therefore, the request for RETRO Bilateral Greater Occipital Nerve Block is not medically necessary.