

Case Number:	CM14-0089497		
Date Assigned:	07/23/2014	Date of Injury:	12/12/2002
Decision Date:	10/09/2014	UR Denial Date:	06/04/2014
Priority:	Standard	Application Received:	06/13/2014

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 Texas. 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 injured worker is a 66-year-old female who reported an injury on 12/12/2002 due to an unknown mechanism. Diagnostic studies were chronic postoperative pain, postlaminectomy syndrome, cervical radiculitis, cervical spondylosis, cervicgia, pain in soft tissue of limb, insomnia, and occipital neuralgia. Past treatments were medications, epidural steroid injections, physical therapy. Diagnostic study of an EMG/NCV that revealed mild right median and ulnar neuropathy, chronic left C7-8 radiculopathy. MRI of the cervical spine revealed C4-5 and C6-7 adjacent segment degeneration with spondylosis. Surgical history was anterior cervical decompression and fusion at the C5-6, C6-7. Physical examination on 05/13/2014 revealed complaints of neck pain, and left shoulder pain. Examination of the cervical spine revealed tenderness to palpation over the cervical spine and trapezius, bilateral occipital nerve and bilateral cervical paraspinals. Cervical range of motion for flexion was limited to 30 degrees, extension was to 20 degrees, left lateral bend was to 15 degrees, and right lateral bend was to 15 degrees. There was tenderness to palpation throughout the left cervical paraspinals, trapezius, and rhomboids. There was spasm noted. Sensory examination was intact to light touch. Specialty test was a Spurling's which was positive on the left. Medications were Ambien, Topamax, and Lidoderm patch. Treatment plan was to continue medications as directed, physical therapy, injection for greater and lesser occipital nerve root blocks for the headaches. The rationale and request for authorization were not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Greater and Lesser Occipital Nerve Blocks for Headaches and Occipital Neuralgia: 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), Treatment Index, 18th Edition (web), 2013, Treatment in Workers Compensation, Head-Greater Occipital Nerve Blocks

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 Decision for Greater and Lesser Occipital Nerve Blocks for Headaches and Occipital Neuralgia is not medically necessary. The Official Disability Guidelines state that greater occipital nerve blocks are under study for use in treatment of primary headaches. Studies on the use of greater occipital nerve block for treatment of migraine and cluster headaches show conflicting results, and when positive, have found response limited to short term duration. 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 greater occipital nerve blocks are not effective for treatment of chronic tension headache. The block may have a role in differentiating between cervicogenic headaches, migraine headaches, and tension headaches. The medical guidelines do not support the use of greater occipital nerve blocks due to the fact that it is still under study for use. There were no other significant factors to justify this procedure outside of current guidelines. Therefore, this request is not medically necessary.