

Case Number:	CM14-0176930		
Date Assigned:	10/30/2014	Date of Injury:	03/27/2014
Decision Date:	05/01/2015	UR Denial Date:	10/20/2014
Priority:	Standard	Application Received:	10/27/2014

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. 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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular Medicine

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 (IW) is a 64-year-old male who sustained an industrial injury on 03/27/2014. Diagnoses include cervical disc bulge without myelopathy, cervical spondylosis without myelopathy and occipital neuralgia NOS. Treatment to date has included Advil and physical therapy. Diagnostics performed to date included an MRI. According to the progress notes dated 10/8/14, the Injured Worker reported pain across the cervical spine that radiates into the bilateral parascapular region. There was no documentation of the presence of occipital neuralgia or complaints of any headaches in the records reviewed. A request was made for an occipital nerve block for the given diagnosis of occipital neuralgia as an outpatient.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 occipital nerve block for the given diagnosis of occipital neuralgia, as an outpatient:

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) Neck and upper back: Greater occipital nerve block, therapeutic and Greater occipital nerve block, diagnostic.

Decision rationale: 1 occipital nerve block for the given diagnosis of occipital neuralgia, as an outpatient is not medically necessary per the ODG. The MTUS does not address this request. The ODG states that greater occipital nerve blocks both diagnostic and therapeutic are under Study. Greater occipital nerve blocks (GONB) have been recommended by several organizations for the diagnosis of both occipital neuralgia and cervicogenic headaches. It has been noted that both the International Association for the Study of Pain and World Cervicogenic Headache Society focused on relief of pain by analgesic injection into cervical structures, but there was little to no consensus as to what injection technique should be utilized and lack of convincing clinical trials to aid in this diagnostic methodology. There is little evidence that therapeutic blocks provides sustained relief, and if employed, is best used with concomitant therapy modulations. The documentation does not give a clear history that this patient has occipital neuralgia and cervicogenic headaches. Without rationale for this request and due to the fact that the ODG states that these blocks are still under study the request is not medically necessary.