

Case Number:	CM14-0177846		
Date Assigned:	10/31/2014	Date of Injury:	05/01/2012
Decision Date:	01/06/2015	UR Denial Date:	10/15/2014
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. The expert reviewer is Board Certified in Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 35-year-old woman who sustained a work-related injury on June 1, 2012. Subsequently, she developed chronic neck and shoulder pain. The patient underwent total disc arthroplasty at C4-C5 and right shoulder arthroscopy. On August 7, 2014, the patient had a steroid injection to the left greater occipital and lesser occipital origin area. The patient reported that the left greater occipital nerve block helped with her pain for a week. She had an incidence of a sudden onset of headache and not being able to move her body. According to a progress note dated September 8, 2014, the patient complained of neck and right shoulder pain. She reported an increased pain to the point that she can barely move and had to go to the ER where she stated they did a CT scan of her neck and they told her that everything was OK. Objective findings revealed decreased strength to bilateral upper extremities secondary to pain. The patient was diagnosed with status post total disc arthroplasty C4-C5, status post right shoulder arthroscopy, stress and anxiety, and headaches. The provider requested authorization for left greater and lesser occipital nerve block.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Greater and lesser 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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) <Insert Section (Greater occipital nerve block, therapeutic.> (<http://www.worklossdatainstitute.verioiponly.com/odgtwc/neck.htm#Greateroccipitalnerveblocktherapeutic>).

Decision rationale: According to ODG guidelines, occipital nerve block, therapeutic < Under study for treatment of occipital neuralgia and cervicogenic headaches. There is little evidence that the block provides sustained relief, and if employed, is best used with concomitant therapy modulations. (Biondi, 2005) Current reports of success are limited to small, noncontrolled case series. Although short-term improvement has been noted in 50-90% of patients, many studies only report immediate post injection results with no follow-up period. In addition, there is no gold-standard methodology for injection delivery, nor has the timing or frequency of delivery of injections been researched. (Haldeman, 2001) (Inan, 2001) (Vincent, 1998) Limited duration of effect of local anesthetics appears to be one factor that limits treatment and there is little research as to the effect of the addition of corticosteroid to the injectate>. There is no clear documentation that the patient failed oral medications used to treat her pain. There are no controlled studies supporting the use of occipital nerve block for the treatment of the patient pain. Therefore, the request for Left greater and lesser Occipital Nerve Block is not medically necessary.