

Case Number:	CM14-0215545		
Date Assigned:	01/05/2015	Date of Injury:	05/09/1996
Decision Date:	02/25/2015	UR Denial Date:	12/19/2014
Priority:	Standard	Application Received:	12/23/2014

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: California, Massachusetts

Certification(s)/Specialty: Preventive Medicine, Occupational 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 was injured on 05/09/95 incurring injuries to her neck, right shoulder, bilateral wrists and left knee when her left hand was caught in bakery equipment resulting in a twisting injury to her hand, arm and knees. According to 9/14/14 clinic note, she reports improvement of head and neck pain but worsening of hand pain. Her headaches have remained unchanged. On physical exam she has limited cervical range of motion with positive impingement sign on the right shoulder. The 5th MCP joint has no range of motion and reveals hypoesthesia in the thumb. She was diagnosed with chronic nerve pain and cervicgia. Plan is to recommend greater occipital nerve block, both diagnostic and therapeutic. According to 11/19/14 clinic note she continues to suffer from dysphagia from liquids and continues to take amitriptyline 10mg 1-2 times at night. On exam she has reduced cervical range of motion and right shoulder shows mild AC tenderness with positive impingement sign. She has hyperesthesia of the dorsal hand to the ulnar palmar region. She also has a moderately positive Finkelstein sign with tenderness to the 1st dorsal compartment. There is bilateral knee crepitus. Diagnoses include neuralgia neuritis and radiculitis as well as chronic pain syndrome. She undergoes an injection into the right shoulder. She is recommended to undergo a greater occipital nerve block.

IMR ISSUES, DECISIONS AND RATIONALES

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

Greater Occipital Nerve Block (Therapeutic): 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) Head Chapter

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back (Acute and Chronic), Occipital Nerve Blocks

Decision rationale: While the MTUS guidelines do not mention clinical appropriateness of GONB, the Official Disability Guidelines states that there is little evidence that block (of the greater occipital nerve) provides sustained relief "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." The request for therapeutic trial of greater occipital nerve block is not supported at this time as continued treatment with corticosteroid injection to the greater occipital nerve block is dependent on result from the initial diagnostic procedure. At this time, medical necessity of additional (therapeutic) injections beyond the initial diagnostic injection is not supported by the guidelines. Therefore, this request is not medically necessary.