

Case Number:	CM14-0216084		
Date Assigned:	01/06/2015	Date of Injury:	01/17/2013
Decision Date:	02/28/2015	UR Denial Date:	12/05/2014
Priority:	Standard	Application Received:	12/24/2014

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: Texas, California
 Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 76 year old female continues to complain of ongoing, intermittent neck pain with persistent headaches, and with constant lower back and hip pain following a work related fall injury reported on 1/17/2013. Diagnoses include: blunt head trauma; contusion of the right hip and right hand; cervical sprain; lumbar discogenic disease with enlarged herniated disk at lumbar (L) 4-5 and L5-sacral (S) 1, by MRI; multi-level bulging disks and spondylosis without nerve or cord impingement. Treatments have been conservative and include: consultations; diagnostic MRI and CT studies; physical therapy; injections; and medication management. The injured worker (IW) is noted to be classified as totally disabled and unable to return to work. Her medications included norco and zolpidem. Other medication list included Metformin, Fioricet, Robaxin, Norflex, Voltaren, Flexeril and Ditropan. The progress notes, dated 7/14/2014 and 8/13/2014 both note that the CAT scan of the brain was approved as it was expected to be helpful in identifying the cause of the IW headaches. The QME exam, dated 8/8/2014, notes diagnoses and impairments to include: cervical headaches - moderate; chronic discogenic neck pain with right cervical radiculopathy; multilevel degenerative cervical disc disease/foraminal compromise, most pronounced at cervical 5-6 and cervical 4-5; chronic discogenic low back pain with right sciatica; annular disc protrusions at right L4-5 and L5-S1; and chronic trochanteric bursitis of the right hip with alteration of gait. This report shows this IW had reached maximum medical improvement, and notes that the radicular symptoms increase and become refractory to more conservative treatment. Progress notes, dated 9/11/2014, note that the IW was unable to tolerate a closed MRI study of the lumbar region so a request for open -standing MRI was made. Also,

results of the CAT scan of the brain showed no evidence of intracranial space occupying lesion that would cause headaches; leading the physician to state that the occipital pain she is experiences is common in whiplash; so bilateral occipital nerve blocks were recommended to relieve her headache pain. Pain management notes, dated 10/15/2014, note that the results of the lumbar MRI necessitate a neuro - surgical evaluation and that if this is not approved, the only thing left to offer this IW for relief of her constant headaches, are the occipital nerve blocks. Pain management notes, dated 11/10/2014, note the IW was denied, by the insurance company, the two medications ordered to help control her pain; and that otherwise controlled blood pressure was now elevated over previous visits. Also noted was a request for the occipital nerve blocks, and an approval to see the neurosurgeon who would then address the lumbar issues. No medical records for the occipital nerve blocks or from the neurosurgeon were available for my review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient 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 Pain Chapter, greater occipital nerve block

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Head (updated 01/21/15) Neck & Upper Back (updated 11/18/14) Greater occipital nerve block (GONB).

Decision rationale: Request: Outpatient Occipital Nerve Block Per the ODG guidelines cited below, Under study for use in treatment of primary headaches. Studies on the use of greater occipital nerve block (GONB) for treatment of migraine and cluster headaches show conflicting results and when positive, have found response limited to a 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 GONB is not effective for treatment of chronic tension headache. A recent detailed examination documenting significant functional deficits that would require greater occipital nerve blocks was not specified in the records provided. The response of the headaches to medications for chronic pain like antidepressants or anticonvulsants was not specified in the records provided. As per cited guideline greater occipital nerve block is under study and is not effective for treatment of chronic tension headaches. The medical necessity of the request for Outpatient Occipital Nerve Block is not fully established in this patient.