

Case Number:	CM14-0219135		
Date Assigned:	01/09/2015	Date of Injury:	01/08/2014
Decision Date:	03/06/2015	UR Denial Date:	12/08/2014
Priority:	Standard	Application Received:	12/31/2014

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: Arizona, 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:

The injured worker is a 38 year old male, who sustained an industrial injury on 1/8/2014. The current diagnoses are concussion, headaches, migraines, and insomnia. Currently, the injured worker complains of headaches. Treatment to date has included medications and physical therapy. The treating physician is requesting Cryoneuromodulation greater occipital nerve block x1, which is now under review. On 12/8/2014, Utilization Review had non-certified a request for Cryoneuromodulation greater occipital nerve block x1. The occipital nerve block x1 was non-certified based on no evidence that conservative measures were unsuccessful. The California MTUS and Official Disability Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cryoneuromodulation greater occipital nerve block x1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Head Procedure

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Head pain and greater occipital blocks

Decision rationale: According to the guidelines, occipital nerve blocks are 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. In this case, the claimant had been on Imitrex and Topamax for the headaches. A diagnosis of headache rather than migraines was noted at the time of request. Based on lack of sufficient evidence and non-specific nature, the request for the block is not medically necessary.