

Case Number:	CM15-0009069		
Date Assigned:	01/27/2015	Date of Injury:	05/05/2011
Decision Date:	03/17/2015	UR Denial Date:	01/09/2015
Priority:	Standard	Application Received:	01/15/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 is a 51 year old male, who sustained an industrial injury on May 5, 2011. He has reported neck, head, and right shoulder pain. The diagnoses have included cervical spine disc protrusion, cervical spine degenerative disc disease, and cervical spine facet syndrome. Treatment to date has included multiple shoulder surgeries, nerve blocks, medial branch blocks, facet joint injections, physical therapy, medications, and imaging studies. Currently, the injured worker complains of continued neck pain radiating to the head. The treating physician is retroactively requesting approval for bilateral greater occipital nerve blocks for diagnostic as well as therapeutic purposes. On January 9, 2015 Utilization Review non-certified the request for the bilateral greater occipital nerve blocks noting the lack of documentation to support the medical necessity of the medication. The ODG were cited in the decision.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral greater occipital nerve block: 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 (odg-twc.com) Neck and upper back chapter

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Head section, Greater occipital nerve block

Decision rationale: Pursuant to the Official Disability Guidelines, bilateral greater occipital nerve blocks are not medically necessary. Greater occipital nerve blocks (GONB) are under study for use in treatments of primary headaches. Studies on the use of greater occipital nerve blocks for treatment of migraine and cluster headaches show conflicting results and, when positive, have a response limited to a short duration. The mechanism of action is not understood nor is there a standardized method of use of this modality for treatment of primary headache. GONB is not effective for treatment of chronic tension headache. In this case, the injured worker's working diagnoses are bilateral greater occipital neuralgia; and improved right C3-C4, and C4-C5 facet syndrome. Subjectively, the injured worker reports 100% pain relief in mid cervical facet following the December 9, 2014 C3, C4 and C5 medial branch block. The injured worker continues to have upper cervical pain that radiates to the back of his head. Greater occipital nerve compression results in either pain. Without opiates pain was 9/10 with opiates pain is 4/10. Objectively, cervical flexion is limited. The PHQ & 9 psychological testing score is 13/30 indicating mild depression and anxiety. Greater occipital nerve blocks are under study for use in treatments of primary headaches. Studies on the use of greater occipital nerve blocks for migraine and cluster headaches show conflicting results and, when positive, have a response limited to short duration. Consequently, absent guideline recommendations for greater occipital nerve blocks, bilateral greater occipital nerve blocks are not medically necessary.