

Case Number:	CM15-0013240		
Date Assigned:	01/30/2015	Date of Injury:	03/10/2011
Decision Date:	03/18/2015	UR Denial Date:	01/20/2015
Priority:	Standard	Application Received:	01/22/2015

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: Hawaii, California

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 is a 51 year old female, who sustained an industrial injury on March 10, 2011. She has reported back, neck and right upper extremity pain from cumulative trauma. The diagnoses have included cervical syndrome, occipital neuralgia, cervical spondylosis, tendonitis, rotator cuff tear, and epicondylitis medial elbow, lower leg pain, elbow joint pain, cervical radiculopathy, and shoulder joint pain. Treatment to date has included heat, rest, and manipulation, medications, and laboratory evaluations. Currently, the IW complains of tingling and numbness to the right side of her head, and shooting pain into the eye while sleeping on her right side. She also reports neck, and right upper extremity pain. Physical findings are noted as tenderness of the cervical spine region. Spurling Test is positive for neck pain. The records indicate a magnetic resonance imaging of the cervical spine was completed on June 11, 2014, which revealed no evidence of significant impingement on the cervical cord. On January 20, 2015, Utilization Review non-certified one greater and lesser occipital nerve blocks based on ACOEM and ODG guidelines. On January 22, 2015, the injured worker submitted an application for IMR for review of one greater and lesser occipital nerve blocks.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Greater and Lesser Occipital Nerve Blocks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back

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

Decision rationale: MTUS is silent with regards to occipital nerve blocks, so other guidelines were utilized. ODG states, "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. (Ashkenazi, 2005) (Inan, 2001) (Vincent, 1998) (Afridi, 2006) 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. (Leinisch, 2005) The block may have a role in differentiating between cervicogenic headaches, migraine headaches, and tension-headaches." MTUS further writes, "Under Study. Greater occipital nerve blocks (GONB) have been recommended by several organizations for the diagnosis of both occipital neuralgia and cervicogenic headaches. It has been noted that both the International Association for the Study of Pain and World Cervicogenic Headache Society focused on relief of pain by analgesic injection into cervical structures, but there was little to no consensus as to what injection technique should be utilized and lack of convincing clinical trials to aid in this diagnostic methodology. (Haldeman, 2001) Difficulty arises in that occipital nerve blocks are non-specific. This may result in misidentification of the occipital nerve as the pain generator. (Biondi, 2005) (Leone, 1998) (Aetna, 2006) In addition, there is no research evaluating the block as a diagnostic tool under controlled conditions (placebo, sham, or other control). (Bogduk, 2004) An additional problem is that patients with both tension headaches and migraine headaches respond to GONB. In one study comparing patients with cervicogenic headache to patients with tension headaches and migraines, pain relief was found by all three categories of patients (54.5%, 14% and 6%, respectively). Due to the differential response, it has been suggested that GONB may be useful as a diagnostic aid in differentiating between these three headache conditions." Therapeutically, "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." The medical records do not indicate that the occipital nerve block would be used to differentiate between cervicogenic headaches, migraine headaches, and tension-headaches, which is one possible reason for utilization per ODG. Therapeutically, there is little evidence that the block will provide sustained relief. As such, the request for 1 Greater and Lesser Occipital Nerve Blocks is not medically necessary.