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| <b>Case Number:</b>   | CM15-0115710 |                              |            |
| <b>Date Assigned:</b> | 06/23/2015   | <b>Date of Injury:</b>       | 11/06/1992 |
| <b>Decision Date:</b> | 07/22/2015   | <b>UR Denial Date:</b>       | 05/29/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 06/15/2015 |

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 64-year-old female sustained an industrial injury to the neck and back on 11/6/92. Recent treatment included medial branch block and medications. In a PR-2 dated 2/11/15, the injured worker reported that recent diagnostic medial branch blocks at L4-5 with subsequent 100% relief of pain until the time of exam. The injured worker underwent radiofrequency ablation of the left L4 and L5 dorsal ramus on 4/6/15. In a PR-2 dated 4/7/15, the injured worker complained of pain rated 10/10 on the visual analog scale without medications and 5-6/10 with medications. The injured worker reported that she was sore from the radiofrequency ablation. Physical exam was remarkable for tenderness to palpation in the occipital region, the cervical spine paraspinal musculature and bilateral cervical facets from C4 to C6 with decreased neck range of motion as well as tenderness to palpation to the lumbar spine paraspinal and lumbar facet joints from L4 to L5 with decreased range of motion. Current diagnoses included chronic cervicogenic headache, cervical spine post laminectomy syndrome, cervical spine spondylosis, cervicogenic headache, lumbar spine spondylosis, opioid dependence and occipital neuralgia. The treatment plan included discontinuing MS Contin and Norco, prescriptions for Morphine Sulfate IR, Duexis, Topamax and Maxalt and refilling Vicodin, requesting authorization for occipital nerve block and a cervical traction device for home use.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Occipital block with ultrasound: 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), occipital nerve block, head.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head (trauma, headaches, etc., not including stress & mental disorders), Greater occipital nerve block (GONB).

**Decision rationale:** The claimant has a remote history of a work injury occurring in November 1992. When seen, pain was rated at 5/10. There was occipital region tenderness with decreased range of motion. There was tenderness over the cervical facets and paraspinal muscles. Guidelines indicate that a greater occipital nerve block may have a role in differentiating between cervicogenic headaches, migraine headaches, and tension-headaches. In this case, the presence of headaches or referred pain consistent with greater occipital neuralgia is not documented. The request was not medically necessary.