

Case Number:	CM15-0119060		
Date Assigned:	06/29/2015	Date of Injury:	03/27/2012
Decision Date:	08/04/2015	UR Denial Date:	06/11/2015
Priority:	Standard	Application Received:	06/19/2015

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, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative 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 57 year old female who reported an industrial injury on 3/27/2012. Her diagnoses, and/or impressions, are noted to include: injury to cervical nerve root; cervical disc protrusion; cervical stenosis; chronic neck pain/cervicalgia; bilateral hand joint pain; and insomnia. No current electrodiagnostic or imaging studies are noted. Her treatments are noted to include medication management; and rest from work. The progress notes of 2/2/2015 reported ongoing neck pain that goes into the shoulders and hands; difficulty grasping and gripping; difficulty with sleep; and headaches with pain from the neck to the back of the head, then to the bi-frontal area. She also reported paying for her own chiropractic and massage therapies. Objective findings were noted to include tenderness at the lower cervical and sub-occipital region of the head; and decreased range-of-motion of the neck. The physician's requests for treatments were noted to include the consideration for occipital nerve block, fact blocks. The subsequent progress notes of 4/21/2015 noted complaints of continued pain in the back of the neck with numbness in the right arm/thumb, and difficulty grasping with the right; and the impression for occipital neuralgia with the request for a muscle relaxant.

IMR ISSUES, DECISIONS AND RATIONALES

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

Occipital Nerve Block for the cervical spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head Chapter, Greater occipital nerve block (GONB) and Other Medical Treatment Guidelines The Journal of the American Osteopathic Association, April 2005, Vol. 105, 16S-22S.

Decision rationale: Regarding the request for bilateral occipital nerve blocks, California MTUS and ACOEM do not contain criteria for this request. ODG states that occipital nerve blocks are under study. Studies on the use of occipital nerve blocks have been conflicting and shown short-term responses at best. Studies also state it is best used with concomitant therapy modulations. Within the documentation available for review, the physician is also considering doing neck facet joint injections and there seems to be a work up in progress for nerve issues that go to the arm, both of which are not treatments for occipital neuralgia. Given the limited support by guidelines and a clinical picture that does not fit only occipital neuralgia and the fact both of the other conditions that the physician is working up can cause headaches, medical necessity for this procedure has not been established. In addition, there is no documentation the patient has tried or failed conservative measures for this condition other than physical therapy. In light of the above issues, the currently requested occipital nerve blocks are not medically necessary.