

<b>Case Number:</b>	CM15-0120500		
<b>Date Assigned:</b>	07/23/2015	<b>Date of Injury:</b>	12/09/1996
<b>Decision Date:</b>	08/19/2015	<b>UR Denial Date:</b>	06/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/22/2015

### 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: North Carolina

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 51-year-old female, who sustained an industrial injury on 12/09/1996. The injured worker was diagnosed as having pain in thoracic spine, headache, occipital neuralgia, right, and myofascial pain syndrome. Treatment to date has included diagnostics, home exercise program, and medications. Currently, the injured worker complains of pain in her cervical area, upper and lower back, as well as radiating pain to her lower extremities. She also reported increased occipital pain, as well as headache. Pain was rated 5/10 on a good day and 9/10 on a bad day. Current medications included Zanaflex, Percocet, Neurontin, Imitrex, Aciphex, Esgic, Baclofen, and Celebrex. Physical exam noted severe tenderness of the occipital area. Her work status was permanent and stationary. The treatment plan included an occipital nerve block injection, anesthesia with x-ray, and fluoroscopic guidance.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **1 Occipital nerve block injection: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper back, Greater occipital nerve block.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) occipital nerve block.

**Decision rationale:** The California MTUS and the ACOEM do not specifically address the requested service. The ODG states occipital nerve blocks are under study and there is little evidence they provided lasting benefit or relief for the treatment of headaches or occipital neuralgia. Based on the provided clinical documentation and the lack of recommendation by the ODG, the request is not medically necessary.

**1 Anesthesia with x-ray:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-8.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) occipital nerve block.

**Decision rationale:** The California MTUS and the ACOEM do not specifically address the requested service. The ODG states occipital nerve blocks are under study and there is little evidence they provided lasting benefit or relief for the treatment of headaches or occipital neuralgia. Based on the provided clinical documentation and the lack of recommendation by the ODG, the occipital nerve block is not medically necessary and therefore there is no need for anesthesia with x-ray.

**1 Fluoroscopic guidance:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Fluoroscopy (for ESIs).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) occipital nerve block.

**Decision rationale:** The California MTUS and the ACOEM do not specifically address the requested service. The ODG states occipital nerve blocks are under study and there is little evidence they provided lasting benefit or relief for the treatment of headaches or occipital neuralgia. Based on the provided clinical documentation and the lack of recommendation by the ODG, the occipital nerve block is not medically necessary and therefore there is no medical need for fluoroscopy.