

Case Number:	CM15-0171351		
Date Assigned:	09/11/2015	Date of Injury:	07/12/2007
Decision Date:	10/09/2015	UR Denial Date:	08/21/2015
Priority:	Standard	Application Received:	08/31/2015

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: Arizona, California
 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(n) 41-year-old female, who sustained an industrial injury on 7-12-07. The injured worker was diagnosed as having cervical radiculitis, post cervical laminectomy syndrome, cervicgia and myofascial pain. The physical exam (4-10-15 through 7-1-15) revealed motor strength is 5 out of 5 in the bilateral upper extremities and sensation is reduced to light touch, pin prick and temperature along the right C8 dermatome. Treatment to date has included physical therapy, cervical epidural injection on 5-27-15 and 6-10-15 with "some improvement" and acupuncture with "good benefits". Current medications include Skelaxin, Topamax, Imitrex, Dendracin cream, Norco, Cyclobenzaprine, Trazodone and Sertraline. As of the PR2 dated 8-3-15, the injured worker reports persistent axial neck pain that radiates to her right arm in C5 distribution and numbness in her ulnar nerve distribution. She also notes frequent headache symptoms which are mirgrainous and usually temporal or ocular. She finds Topamax helpful with headaches and Norco does control her pain. Objective findings include "reduced cervical range of motion", motor strength is 5 out of 5 in the bilateral upper extremities and sensation is reduced to light touch, pin prick and temperature along the right C8 dermatome. The treating physician requested a left occipital nerve block. On 8-4-15, the treating physician requested a Utilization Review for a left occipital nerve block. The Utilization Review dated 8-21-15, non-certified the request for a left occipital nerve block.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left 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), Head (trauma, headaches, etc., not including stress & mental disorders) - Greater occipital nerve block (GONB); ODG, Neck and Upper Back (Acute & Chronic) - Greater occipital nerve block, therapeutic.

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 and pg 20.

Decision rationale: According to the guidelines, occipital blocks are 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. In this case, there is no mention of migraines. The claimant was getting response from the use of Triptans and Topamax. The occipital blocks are not medically necessary.