

<b>Case Number:</b>	CM15-0175200		
<b>Date Assigned:</b>	09/16/2015	<b>Date of Injury:</b>	01/21/2015
<b>Decision Date:</b>	10/16/2015	<b>UR Denial Date:</b>	08/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/04/2015

### 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 57-year-old female who sustained an industrial injury January 21, 2015. Past history included hypertension. According to an orthopedic physician's progress report dated July 2, 2015, the injured worker presented for follow-up of her continued low back pain. She describes the pain on the left side of her back. She is pending authorization for physical therapy. Current medication included Lisinopril, Celebrex, Flexeril, and Tramadol. Objective findings included; sensation intact, negative straight leg raise, limited range of motion of the low back. Treatment plan included an increase in Flexeril dosage and dispensed Voltaren gel and Lidoderm patches. A neurological consultation dated August 10, 2015, summary and conclusion is documented as a traumatic event producing a closed head injury and cervical strain. Recommendations were made for an MRI of the brain and cervical spine. An orthopedic physician's progress report dated August 13, 2015, finds the injured worker presenting for neck pain and right trapezial pain. She has completed eight visits of physical therapy. Physical examination revealed; pain on palpation of the occipital cervical junction and pain that radiates to the bilateral occipital region, pain in the right anterior scalene region; motor examination is 5 out of 5 in the upper extremities; some right trapezial spasm and pain radiating down to the right shoulder region. Assessment is documented as status post work related injury to the head and neck; right sided paraspinal and scalene severe spasm with some occipital nerve irritation; short-term memory deficits and headaches, rule out head injury. Treatment plan included recommendation for an MRI to rule out nerve root impingement and at issue, a request for authorization for a left occipital nerve injection. According to utilization review dated August

24, 2015, the request for (1) left occipital nerve injection as an outpatient between August 19, 2015 and October 3, 2015 is non-certified.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Left occipital nerve injection:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009. 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 and pg 20.

**Decision rationale:** According to the guidelines, occipital nerve blocks are under study for headaches and studies for migraines show conflicting results. In this case, the claimant has headaches stemming from neck spasms. There is no indication of migraines. There is mention of failure of NSAIDS or Tylenol. As a result, the request for occipital nerve injection is not medically necessary.