

<b>Case Number:</b>	CM15-0176355		
<b>Date Assigned:</b>	09/17/2015	<b>Date of Injury:</b>	12/08/1999
<b>Decision Date:</b>	10/27/2015	<b>UR Denial Date:</b>	08/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/08/2015

### 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, District of Columbia, Maryland  
 Certification(s)/Specialty: Anesthesiology, 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:

The injured worker is a 66-year-old male, who sustained an industrial-work injury on 12-8-94. A review of the medical records indicates that the injured worker is undergoing treatment for cervicgia, status post cervical spine surgery, headache, other symptoms affecting the cervical region, and occipital neuralgia. Medical records dated (4-8-15 to 8-5-15) indicate that the injured worker complains of chronic continued pain in the neck and associated with headaches. He rates the pain a 3-4 out of 10 on the pain scale and states that the medications help decrease the pain by 70 percent, he notes improved activity following taking medications and he can walk and stand longer after taking the medications. The medical record dated 8-5-15 the physician indicates, "as for the cervical spine pain and greater occipital neuralgia, the injections and medications at pain management have kept the symptoms tolerable." The injured worker notes also that there is numbness in the right upper extremity. Per the treating physician, report dated 4-10-15 the injured worker is permanent and stationary work status. The physical exam dated 8-5-15 reveals that the cervical spine exam shows that there is muscle tenderness in the mid cervical spine, tenderness over the occipital brim bilaterally and over the course of the greater occipital nerves. There is moderate decreased cervical range of motion secondary to pain. The right upper extremity has decreased sensation to pinprick in the right forearm. The physician indicates in the medical record dated 8-5-15 that the injured worker "is having increased neck pain once again that is over the upper cervical spine and around C2 and he gets headaches that radiate along the distribution of the greater occipital nerves bilaterally." The physician also indicates, "He has responded very well to greater occipital nerve blocks in the past and would

like to proceed with one of these." Treatment to date has included pain medication including Oxycodone and Naproxen, bilateral C2 block done on 5-12-14 with significant benefit for 3 months, physical therapy at least 6 sessions, and other modalities. The physician indicates in the medical record dated 5-8-15 that the urine drug screen was consistent with the medications prescribed. The request for authorization date was 8-10-15 and requested service included bilateral great occipital nerve root block. The original Utilization review dated 8-12-15 non-certified the request as the records support that the injured workers symptoms were managed with other treatment modalities and based on the guidelines recommendations and lack of scientific support for the procedure, not medically necessary.

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

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

**Bilateral great occipital nerve root 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), Neck & 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, Greater Occipital Nerve Block.

**Decision rationale:** The MTUS is silent on occipital nerve blocks. Per ODG TWC, greater occipital nerve 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, and when positive, have found response limited to a short-term duration. (Ashkenazi, 2005) (Inan, 2001) (Vincent, 1998) (Afridi, 2006) The mechanism of action is not understood, nor is there a standardized method of the use of this modality for treatment of primary headaches. A recent study has shown that GONB is not effective for treatment of chronic tension headache. (Leinisch, 2005) The block may have a role in differentiating between cervicogenic headaches, migraine headaches, and tension-headaches." Per the medical records, it is noted that the injured worker has responded well to greater occipital nerve blocks in the past. However, progress reports detailing these injections and specific objective response are not available. As the guidelines do not support the requested procedure, and the medical records do not provide compelling rationale for repeat injection, the request is not medically necessary.