

Case Number:	CM15-0020505		
Date Assigned:	02/10/2015	Date of Injury:	11/26/2011
Decision Date:	07/08/2015	UR Denial Date:	01/27/2015
Priority:	Standard	Application Received:	02/03/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 44-year-old male, who sustained an industrial injury on 11/26/11. He reported injury to his right shoulder, head and neck after a heavy object fell on him. The injured worker was diagnosed as having C5-C6 disc degeneration, right cervical radiculopathy and status post right shoulder arthroscopy. Treatment to date has included an EMG/NCV study of the upper extremities on 7/12/12, a cervical MRI on 5/10/15 showing annular degeneration and fissuring at C5-C6 and oral pain medications. As of the PR2 dated 1/15/15, the injured worker reports neck pain radiating into the right trapezius and down the right arm into the hand. He rates his pain a 3-6/10 with medications and an 8-9/10 without medications. Objective findings include decreased cervical range of motion and decreased sensation over the right C5-C8 and T1 dermatome distribution. The treating physician requested an injection/occipital (cervical spine).

IMR ISSUES, DECISIONS AND RATIONALES

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

Injection/Occipital (Cervical Spine): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment 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 (trauma, headaches, etc., not including stress & mental disorders), Greater occipital nerve block (GONB).

Decision rationale: The claimant sustained a work injury in November 2011 and continues to be treated for neck pain and headaches. When seen, he was having difficulty with severe headaches which were worsening. These were occurring nearly constantly. Physical examination findings included multiple areas of tenderness over the base of the skull and neck. Facet loading was positive. There was pain with range of motion. An occipital nerve block was recommended. Guidelines indicate that a greater occipital nerve block may have a role in differentiating between cervicogenic headaches, migraine headaches, and tension-headaches. In this case, the claimant has ongoing headaches which are likely multifactorial. The requested procedure is within guideline recommendations and therefore medically necessary.