

Case Number:	CM15-0068931		
Date Assigned:	04/16/2015	Date of Injury:	02/02/2000
Decision Date:	05/15/2015	UR Denial Date:	04/06/2015
Priority:	Standard	Application Received:	04/10/2015

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

Certification(s)/Specialty: Emergency Medicine

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 59 year old female, who sustained an industrial injury on 2/2/00. The injured worker was diagnosed as having lumbalgia, high-risk medication, cervicgia and occipital headache. Treatment to date has included oral medications including opioids trigger point injections and occipital nerve blocks. Currently, the injured worker complains of neck pain. The injured worker states medications work to relieve the pain. She also states trigger point injections and occipital nerve blocks gave her 80% pain relief. Physical exam noted tenderness to palpation of occipital groove and right sided tightness in trapezius. The treatment plan included refilling of oral medications and referral to pain management for nerve blocks and possible trigger point injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Occipital Nerve Block: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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, "Greater occipital nerve block (GONB).

Decision rationale: The requested Occipital Nerve Block is medically necessary. California Medical Treatment Utilization Schedule (MTUS) does not address this request. Official Disability Guidelines (ODG), Head chapter, state: "Greater occipital nerve block (GONB)" note "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." The injured worker has neck pain. The treating physician has documented that trigger point injections and occipital nerve blocks gave her 80% pain relief. Physical exam noted tenderness to palpation of occipital groove and right sided tightness in trapezius. The treating physician has documented sufficient improvement from previous occipital nerve blocks to establish the medical necessity for an additional injection. The criteria noted above having been met, Occipital Nerve Block is medically necessary.