

Case Number:	CM15-0070037		
Date Assigned:	04/17/2015	Date of Injury:	04/19/2013
Decision Date:	05/19/2015	UR Denial Date:	03/13/2015
Priority:	Standard	Application Received:	04/13/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 45-year-old who has filed a claim for chronic neck and back pain reportedly associated with an industrial injury of April 19, 2013. In a Utilization Review report dated March 30, 2015, the claims administrator failed to approve a request for a nerve block at C2. The applicant had undergone earlier shoulder surgery, it was noted. A March 3, 2015 RFA form was referenced in the determination. The applicant's attorney subsequently appealed. On March 3, 2015, the applicant reported ongoing complaints of neck pain and headaches. The applicant had been terminated by her former employer. The applicant developed derivative complaints of depression, it was acknowledged. Hyposensorium was noted about the distal extremities in the ulnar nerve distribution. 5/5 upper extremity strength was noted. A neurology consultation to address headaches, acupuncture, tramadol, Norflex, and naproxen were endorsed. It was stated that the C2 nerve block in question represented an occipital nerve block, for the purposes of determining whether the applicant's headaches were cervicogenic or occipital in nature. The applicant's work status was not furnished. The applicant was using Excedrin for headaches; it was stated in another section of the note.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nerve block right C2: 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 ACOEM V.3 Chronic Pain Diagnostic/Treatment Considerations Diagnostic Testing Local Anesthetic Injections.

Decision rationale: Yes, the proposed C2 nerve block (AKA occipital nerve block) was medically necessary, medically appropriate, and indicated here. The MTUS does not address the topic of occipital nerve blocks. However, the Third Edition ACOEM Guidelines Chronic Pain Chapter notes that local anesthetic injections such as the occipital nerve block in question are used to attempt to determine whether a complaint of headache is due to static neck position versus migraines. Here, the attending provider did in fact seemingly suggest that the nerve block in question was intended for the purposes of ascertaining the source for the applicant's headache complaints. Therefore, the request was medically necessary.