

Case Number:	CM15-0092419		
Date Assigned:	05/18/2015	Date of Injury:	04/21/2013
Decision Date:	06/18/2015	UR Denial Date:	04/16/2015
Priority:	Standard	Application Received:	05/13/2015

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: New Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 43 year old female who sustained an industrial injury on 4/21/13. The injured worker was diagnosed as having cervical, thoracic and lumbar spine strain, left lumbar radicular symptoms, cervical spine disc bulging, lumbar disc protrusion and status post probably coccyx excision (9/19/14). Currently, the injured worker was with complaints of cervical, thoracic and lumbar spine discomfort. Previous treatments included pain management and therapy. Previous diagnostic studies included a magnetic resonance imaging revealing lumbar spine protrusions. Physical examination was notable for an unsteady gait, tenderness to palpation to the thoracic spine, left lower ribs, lumbar spine, and left hip. The plan of care was for a nerve block.

IMR ISSUES, DECISIONS AND RATIONALES

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

Greater Occipital Nerve Block right: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, GONB.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Greater occipital nerve block, therapeutic.

(<http://www.worklossdatainstitute.verioiponly.com/odgtwc/neck.htm#Greateroccipitalnerveblocktherapeutic>).

Decision rationale: According to ODG guidelines, occipital nerve block, therapeutic, "Under study for treatment of occipital neuralgia and cervicogenic headaches. There is little evidence that the block provides sustained relief, and if employed, is best used with concomitant therapy modulations. (Biondi, 2005) Current reports of success are limited to small, non-controlled case series. Although short-term improvement has been noted in 50-90% of patients, many studies only report immediate post-injection results with no follow-up period. In addition, there is no gold-standard methodology for injection delivery, nor has the timing or frequency of delivery of injections been researched. (Haldeman, 2001) (Inan, 2001) (Vincent, 1998) Limited duration of effect of local anesthetics appears to be one factor that limits treatment and there is little research as to the effect of the addition of corticosteroid to the injectate." There is no clear documentation that the patient failed oral medications used to treat her pain. There are no controlled studies supporting the use of occipital nerve block for the treatment of the patient's pain. There is no accurate characterization of the patient headache and no evidence that the occipital nerve is the main pain generator. Therefore, the request for greater Occipital Nerve Block, right, Injection is not medically necessary.