

Case Number:	CM15-0093070		
Date Assigned:	05/19/2015	Date of Injury:	05/17/2007
Decision Date:	06/25/2015	UR Denial Date:	04/24/2015
Priority:	Standard	Application Received:	05/14/2015

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: 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 injured worker is a 46 year old male, who sustained an industrial injury on 5/17/2007. He reported falling from a truck bucket. Diagnoses have included cervical sprain/strain with bulging disc, cervical radiculopathy, bilateral occipital neuralgia with headaches, cervical facet arthropathies and thoracic compression fracture. Treatment to date has included cervical epidural injection, radiofrequency ablation, occipital nerve blocks and medication. Currently, the injured worker complained of neck pain rated 5/10. He also complained of constant headaches and ringing in his ears. He reported that the neck pain radiated into the mid back area and between his shoulder blades. Current medications included Norco, Fioricet, Motrin, Ambien and Prilosec. Physical exam revealed tenderness over the posterior cervical paraspinal and upper trapezius musculature bilaterally; muscle spasms and myofascial trigger points were noted. Tenderness was also noted over the upper and mid-thoracic paraspinal muscles bilaterally. The injured worker had a cervical epidural injection on 3/31/2015. He reported 25% improvement for one day. Authorization was requested for greater occipital nerve blocks and follow-up visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

Greater occipital nerve blocks: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back (Acute & Chronic), Greater occipital nerve block, therapeutic.

Decision rationale: The Official Disability Guidelines state that there is little evidence that greater occipital nerve blocks provide sustained relief of occipital neuralgia or cervicogenic headaches. 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. It was noted that the patient had undergone a cervical epidural injection on 3/31/2015. He reported 25% improvement for one day. Greater occipital nerve blocks are not medically necessary.

Follow-up visits: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 303.

Decision rationale: The ACOEM guidelines and the Official Disability Guidelines were both reviewed in regards to follow-up visits after injection. Each reference deals primarily with the acute aspects of an injury. There is no documentation as to why such frequent visits for follow-up would be required. The typical time frame for follow-up visits in a chronic injury is 3-6 months. Follow-up visits are not medically necessary.