MAXIMUS Federal Services

Case Number:	CM15-0097876		
Date Assigned:	06/02/2015	Date of Injury:	10/20/1997
Decision Date:	06/30/2015	UR Denial Date:	05/02/2015
Priority:	Standard	Application Received:	05/20/2015

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: Arizona, California
Certification(s)/Specialty: Family Practice

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 61 year old female with an industrial injury dated 10/20/1997. Her diagnoses included cervical degenerative disc disease, cervical post laminectomy syndrome, cervical facet arthropathy and cervicalgia. Prior treatments included medications and occipital nerve block injection. She presents on 04/21/2015 with complaints of pain level rated as 8/10. She states difficulty in weaning down her pain medication. She had discontinued Relafen due to gastrointestinal issues. She stated continued benefit with use of Voltaren Gel as needed for her joint pain and inflammation. She continues to complain of cervicogenic headaches and neck pain with radiation to left upper extremity. Physical exam noted decreased range of motion in the neck due to pain, left hand grip was weaker and there were sensory deficits in cervical 6-thoracic 1 dermatomes left upper extremity. Her current medications consisted of MS Contin, Voltaren Gel and Norco. Treatment plan included repeat of greater occipital nerve block injection with sedation for the cervical spine. She stated greater than 50% relief with this treatment several months back.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repeat greater occipital nerve block (GONB) injection with sedation for the cervical spine:
Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG and Head chapter pg 20.

Decision rationale: Greater occipital blocks are 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. In this case the claimant had received prior injections with relief but had short-term relief. Amount of total injections received is unknown. The additional GOSB is not medically necessary.