MAXIMUS Federal Services

Case Number:	CM15-0099082		
Date Assigned:	06/01/2015	Date of Injury:	03/10/2015
Decision Date:	07/16/2015	UR Denial Date:	04/28/2015
Priority:	Standard	Application Received:	05/22/2015

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: Physical Medicine & Rehabilitation

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 33 year old male who reported an industrial injury on 3/10/2015. His diagnoses, and/or impressions, are noted to include: multiple head injuries with traumatic brain injury; right subdural and subarachnoid hemorrhage, status-post frontal craniotomy for skull fracture and evacuation of epidural on 3/10/2015; right temporomandibular joint syndrome; post-traumatic stress disorder with cognitive mood impairment; lumbar sprain; and lesion of the ulnar nerve. Recent magnetic imaging studies of the head/brain were done on 4/2/2015. His treatments have included diagnostic studies; surgery; medication management; and rest from work. The progress notes of 4/8/2015 reported that he presented for the initial evaluation with complaints of balance disruption with fall, photo- sensitivity, constant, moderate-severe right-sided headaches, double vision with neck and back pain; anxiety and nervousness with hyperactivity to sudden loud sounds, and disruption of sleep with nightmares every night. The objective findings were noted to include: moderate distress due to headache pain; pain in the scalp at the surgical site; a lagging right eye with double vision; vision impairment suggestive of Aducens palsy on the right eye; positive para-vertebral tenderness on the cervical facet joints, para-spinal and trapezius musculature; and positive Tinnel's sign of the right occipital nerve. The physician's requests for treatments were noted to include a right-sided occipital nerve block injection to reduce head pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right sided occipital nerve block, quantity: 1: 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), Head (updated 01/21/15)-Online Version, Greater occipital nerve block (GONB).

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 chapter, under Therapeutic Greater Occipital Nerve Block.

Decision rationale: The patient presents on 05/20/15 with scalp and head pain rated 7-8/10. The patient's date of injury is 03/10/15. Patient is status post right temporo-frontal craniotomy for the management of subdural hematoma sustained during a severe head injury. The request is for RIGHT SIDED OCCIPITAL NERVE BLOCK QUANTITY 1. The RFA was not provided. Physical examination dated 05/20/15 reveals eye lagging and associated, visual impairment on the right side resulting in double vision. The provider notes tenderness to palpation of the cervical and lumbar paravertebral musculature, positive bilateral facet loading at L5-S1, tenderness to palpation of the right elbow and cubital tunnel. There is positive Tinel's sign of the right occipital nerve and hypersensitivity to light touch to the craniotomy scar. The patient is currently prescribed Naproxen, Gabapentin, and Tylenol. Diagnostic imaging was not included. Per progress note 04/05/15, patient is advised to return for re-evaluation of work status in 6 weeks. ODG Neck and Upper back chapter, under Therapeutic Greater Occipital Nerve Block states: "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. 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. 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." In this case, the request is retrospective for an occipital nerve block performed on 05/20/15. However, such treatments are still under study and not yet supported as a standard therapy. The 05/20/15 progress report indicates that this patient suffers from chronic headaches and scalp pain following a traumatic blow to the head. Guidelines indicate that occipital nerve blocks are under study for the use of primary headaches, and can be useful as a diagnostic tool in differentiating between cervicogenic headaches and occipital neuralgia. Physical findings do not include palpable tenderness to the occipital region, only hypersensitivity of the right craniotomy scar and positive Tinel's sign in the right occipital nerve. It is not clear if this block is meant differentiate between cervicogenic headache and occipital neuralgia, or as a therapeutic measure. Owing to a lack of firm guideline support for such injections as a therapeutic measure, and the lack of discussion as to whether this injection is being used as a diagnostic tool, the medical necessity cannot be substantiated. Therefore, the request IS NOT medically necessary.