

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

P.O. Box 138009

Sacramento, CA 95813-8009

(855) 865-8873 Fax: (916) 605-4270



Notice of Independent Medical Review Determination

Dated: **12/12/2013**

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/26/2013
Date of Injury:	10/27/2009
IMR Application Received:	8/15/2013
MAXIMUS Case Number:	CM13-0011399

- 1) MAXIMUS Federal Services, Inc. has determined the request for a **retrospective review: right greater occipital nerve block, DOS: 06/20/2013** is not medically necessary and appropriate.

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/15/2013 disputing the Utilization Review Denial dated 7/26/2013. A Notice of Assignment and Request for Information was provided to the above parties on 9/24/2013. A decision has been made for each of the treatment and/or services that were in dispute:

- 1) MAXIMUS Federal Services, Inc. has determined the request for a **retrospective review: right greater occipital nerve block, DOS: 06/20/2013** is not **medically necessary and appropriate**.

Medical Qualifications of the Expert Reviewer:

The independent medical doctor who made the decision has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in California. 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 treatments and/or services at issue.

Expert Reviewer Case Summary:

The patient is a 44-year-old female who reported a work-related injury as the result of a motor vehicle accident on 10/27/2009. The patient presented for treatment of the following diagnoses: (1) cervical spine pain with radicular symptoms to the right upper extremity, (2) lumbar spine sprain/strain, (3) cervical spine sprain/strain, (4) low back pain with radicular symptoms to the right lower extremity, (5) lumbar spine spondylosis at the level of L4-5 and L5-S1 bilaterally, (6) bilateral sacroiliac joint arthritis and (7) paracervical and paraspinal muscle spasms. The clinical note dated 06/20/2013 reported a pain management consultation report of the patient under the care of Dr. [REDACTED]. The provider documents that the patient continues to present with complaints of neck pain which radiates to the bilateral shoulders and on the right side radiates up to the patient's head. The patient reported that on her right side, neck pain radiates to the lateral side of the head and towards the top of the head. The patient also continues to report pain to her mid back and low back area. The patient reported her low back pain radiated to her right thigh area. The patient reported utilizing baclofen 10 mg twice a day for muscle relaxation, naproxen 550 mg twice a day, anti-inflammatories and Medrox patch for symptomatic relief of pain. The provider documents that the patient denies any psychiatric interventions or internal medicine evaluations. The provider documented that the patient rated her pain at a 4/10 to her low back and a 7/10 to the neck. The provider documented that upon physical exam of the patient, evidence of muscle spasms was noted, but no indication of torticollis. The provider documented that tenderness was noted to the cervical paraspinal region bilaterally as well as the thoracic paraspinal region bilaterally. The provider documented that the patient presented with 4/5 motor strength throughout the bilateral upper extremities. Sensation was intact, and the patient's cervical spine range of motion values were as follows: 40 degrees of flexion, 40 degrees of extension, bilateral lateral tilt of 40 degrees and bilateral lateral rotation 40 degrees. Spasm was present with range of motion of the cervical spine; shoulder motion did produce pain to the cervical spine, and trapezial tenderness and spasms

were noted. The provider recommended proceeding with a right greater occipital nerve block on the date of this clinical note.

Documents Reviewed for Determination:

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- Application of Independent Medical Review
- Utilization Review Determination
- Medical Treatment Utilization Schedule (MTUS)
- Medical Records from:
 - Claims Administrator
 - Employee/Employee Representative
 - Provider

1) Regarding the request for a retrospective review: right greater occipital nerve block, DOS: 06/20/2013 :

Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the Official Disability Guidelines (ODG): Greater Occipital Nerve Block, which is not part of MTUS.

The Expert Reviewer found that no section of the MTUS was applicable. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Expert Reviewer based his/her decision on the Official Disability Guidelines (ODG): Neck and Back Chapter, which is not part of the MTUS.

Rationale for the Decision:

The ODG guidelines indicate that the use of greater occipital nerve block is under study for the treatment of occipital neuralgia and cervicogenic headaches. There is little evidence that the block provides sustained relief, and if employed, it is best used with concomitant therapy modulations. After review of the medical records provided, there is no mention that the employee presented with increasing complaints of headache/migraine, or even a mention of a diagnosis of headache/migraine. Additionally, the clinical notes did not indicate that the employee utilized any specific medication regimen for complaints of headaches/migraines. There is a lack of evidence that this intervention was administered specifically for the employee's occipital neuralgia or cervicogenic headaches. The retrospective request for the right greater occipital nerve block DOS 6/20/2013 is not medically necessary and appropriate.

Effect of the Decision:

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the final determination of the Administrative Director, Division of Workers' Compensation. With respect to the medical necessity of the treatment in dispute, this determination is binding on all parties.

In accordance with California Labor Code Section 4610.6(h), a determination of the administrative director may be reviewed only if a verified appeal is filed with the appeals board for hearing and served on all interested parties within 30 days of the date of mailing of the determination to the employee or the employer. The determination of the administrative director shall be presumed to be correct and shall be set aside only upon proof by clear and convincing evidence of one or more of the grounds for appeal listed in Labor Code Section 4610.6(h)(1) through (5).

Sincerely,

Paul Manchester, MD, MPH
Medical Director

cc: Department of Industrial Relations
Division of Workers' Compensation
1515 Clay Street, 18th Floor
Oakland, CA 94612

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Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.