

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Notice of Independent Medical Review Determination

Dated: 11/4/2013

[REDACTED]

[REDACTED]

Employee:

Claim Number:

Date of UR Decision:

Date of Injury:

IMR Application Received:

MAXIMUS Case Number:

[REDACTED]

7/1/2013

8/4/2002

7/30/2013

CM13-0004695

- 1) MAXIMUS Federal Services, Inc. has determined the request for bilateral occipital nerve blocks under flouroscopy **is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/30/2013 disputing the Utilization Review Denial dated 7/1/2013. A Notice of Assignment and Request for Information was provided to the above parties on 8/12/2013. 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 bilateral occipital nerve blocks under flouroscopy **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 Physical Medicine and Rehabilitation, 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 60-year-old female who reported an injury on 08/04/2002. The patient has a history of chronic migraine headaches with associated occipital pain. Pain management re-evaluation and request for authorization dated 09/27/2012 stated that the patient had received occipital Botox injections on 06/06/2012. The previous injections provided greater than 75% relief and an increase in functional activities. However, the patient's symptoms had begun to return. Physical findings included severe pain along the posterior occipital region with severe headache and radiating pain across the top of the head behind her eyes upon palpation of the bilateral occipital region. As the patient had responded significantly well to prior occipital nerve blocks, additional injections were requested to allow for increased activity levels and improved functional capabilities. Procedure note dated 12/04/2012 stated that the patient received bilateral occipital nerve and bilateral trapezius muscle Botox injections. Initial comprehensive Workers' Compensation evaluation dated 05/30/2013 stated that the patient continued to have chronic neck pain and headaches. It was reported that the patient received pain relief and increased mobility due to previous Botox injections, ibuprofen, and physical therapy. The patient's pain was exacerbated by sudden movements and sitting for prolonged periods. It is noted in the documentation that cervical spine x-rays obtained revealed C7-T1 spondylosis and C7-T1 facet sclerosis and that the patient was status post cervical fusion. It was noted that the patient was supplied with Duexis, which contained 800 mg of ibuprofen with 26.6 mg of famotidine, in addition to an 8 mg dose of Decadron given IM. At that time, the provider requested the patient call the office to determine if the cervical pain and occipital neuritis is relieved. Additionally, a cervical MRI was requested and additional occipital nerve blocks were requested.

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 [REDACTED]
- Medical Records from Provider
- Medical Treatment Utilization Schedule (MTUS)

1) Regarding the request for bilateral occipital nerve blocks under flouroscopy:

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, therapeutic, which is a Medical Treatment Guideline (MTG) that is not part of the California Medical Treatment Utilization Schedule (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) Pain Chapter.

Rationale for the Decision:

Official Disability Guidelines state that there is limited evidence that occipital nerve blocks provide sustained relief. The clinical documentation submitted for review does provide evidence that the employee has a history of receiving occipital nerve blocks with sustained pain relief and increased activities. However, the most recent clinical documentation submitted for review states that additional imaging studies have been ordered for this employee, and a change in medication and a steroid injection was provided. The efficacy of this change in the employee's treatment plan was not provided. The results of the cervical MRI were not provided, additional interventions should be delayed until results of the diagnostic imaging are provided. The guideline criteria have not been met. **The request for bilateral occipital nerve blocks under flouroscopy 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

/ldh

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.