

<b>Case Number:</b>	CM14-0148609		
<b>Date Assigned:</b>	09/18/2014	<b>Date of Injury:</b>	03/14/2013
<b>Decision Date:</b>	10/22/2014	<b>UR Denial Date:</b>	08/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/12/2014

### 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. The expert reviewer is Board Certified in Emergency Medicine and is licensed to practice in Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 34-year-old male who reported a date of injury of 03/14/2013. The mechanism of injury was reported as a head trauma injury. The injured worker had diagnoses of nerve injury and cervical spine myofascial pain. Prior treatments included home exercise program, physical therapy, and electrical stimulation. The injured worker had a CT scan of the head on 04/29/2013, with an unofficial report indicating the CT was normal. Surgeries included myofascial trigger point injection on 10/15/2013. The injured worker had complaints of neck pain with radiation to the forehead rating the pain 8/10, and described the pain as sharp, shooting, burning kind of pain. The clinical note dated 08/05/2014 noted the injured worker had trouble sleeping, vision problems, dizziness, frequency of nervousness or being upset, bad headaches, stomach discomfort, and indigestion or heartburn. There was significant tenderness to palpation over the suboccipital nerve, worse on the left than the right, which reproduced symptoms as well as radiation anteriorly. The injured worker had weak cervical facet loading on the right greater than the left and focal neurologic deficits were not present. Medications included Norco and Clonazepam. The treatment plan included the physician's recommendation for a bilateral occipital nerve block. The rationale provided was due to the injured worker's decreased pain in the cervical myofascial trigger points, likely a result of previous treatments. However, debilitating pain was secondary to the occipital neuralgia, and not getting better despite taking benzodiazepines, pain medications, and relative rest for several months. The Request for Authorization form was received on 08/05/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

## **BILATERAL OCCIPITAL NERVE BLOCK RFA 8-5-14: 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 Official Disability Guidelines (ODG) Head, Greater occipital nerve block, therapeutic.

**Decision rationale:** The request for bilateral occipital nerve block RFA 8-5-14 is not medically necessary. The injured worker had complaints of neck pain with radiation to the forehead rating the pain 8/10, and described the pain as sharp, shooting, burning kind of pain. The California MTUS/ACOEM Guidelines do not address. The Official Disability Guidelines indicate occipital nerve blocks are 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. The guidelines state the use of greater occipital nerve block for the treatment of occipital neuralgia and cervicogenic headaches. The injured worker is noted to have frequent bad headaches; there is a lack of documentation the injured worker was diagnosed with occipital neuralgia or cervicogenic headaches. Furthermore, there is a lack of documentation of how often and the injured worker's history of headaches. Additionally, the injured worker had complaints of neck pain with radiation to the forehead, for which the guidelines do not indicate the use of greater occipital nerve blocks. As such, the request is not medically necessary.