

Case Number:	CM14-0148926		
Date Assigned:	09/18/2014	Date of Injury:	05/27/2014
Decision Date:	10/21/2014	UR Denial Date:	08/27/2014
Priority:	Standard	Application Received:	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 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 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 24-year-old male who reported an injury on 04/27/2014. The mechanism of injury involved a motor vehicle accident. Current diagnoses include cervicogenic headaches, post concussion headache, and closed head injury. Previous conservative treatment was noted to include medication management, injections, physical therapy, TENS therapy, and chiropractic treatment. The injured worker was evaluated on 08/14/2014 with complaints of persistent headaches. The physical examination revealed tenderness over the frontal and parietal area, occipital tenderness, tightness over the bilateral trapezius musculature, and limited range of motion. The treatment recommendations at that time included a lidocaine injection and continuation of the current medication regimen. A Request for Authorization form was then submitted on 08/21/2014 for third occipital nerve block and chemistry profile.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral occipital nerve block: 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 Neck & Upper Back Chapter, Greater occipital nerve block, diagnostic.

Decision rationale: The Official Disability Guidelines state greater occipital nerve blocks are currently under study. Therefore, the current request cannot be determined as medically appropriate at this time. There was also no documentation of objective functional improvement following the initial occipital nerve blocks. Based on the clinical information received, the current request cannot be determined as medically appropriate at this time.