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| Case Number: | CM13-0066212 | | |
| Date Assigned: | 01/03/2014 | Date of Injury: | 08/13/1999 |
| Decision Date: | 11/10/2015 | UR Denial Date: | 12/02/2013 |
| Priority: | Standard | Application Received: | 12/16/2013 |

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:

This is a 57 year-old male with an 8/13/1999 industrial injury claim. He has been diagnosed with bilateral occipital neuritis and left cervical facet pain. According to the 11/18/13 pain management report from [REDACTED], the patient presents with 6/10 headache. The headache is present upon awakening and progresses throughout the day. He is reported to have had an occipital block in June 2013 and had 5 months of decreased neck pain and headache, to the 1/10 range. On 12/2/13 UR recommended non-certification of bilateral occipital nerve blocks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral occipital nerve block Quantity: 2: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment for Workers Compensation, Online edition, Chapter: Neck and Upper Back, Greater occipital nerve block, diagnostic.

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Diagnostic Criteria. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head chapter for: Greater occipital nerve block (GONB).

Decision rationale: The patient presents with 6/10 headache on 11/18/13. The provider states the patient had good response with an occipital nerve block in June 2013, that took the pain down to 1/10 for 5 months. However, upon reviewing the medical records provided, this improvement is not documented. The 5/21/13 report states the pain is 3/10, down from 5/10 before having the 3-level RFA on 4/30/13. The 6/6/13 report notes TPI and occipital nerve injection, but does not provide a pain assessment or baseline measurement. The 6/27/13 report does not provide a pain assessment, and the patient has not returned to work. The 7/25/13, 8/22/13, 9/19/13, and 10/15/13 reports do not provide a pain assessment. The 10/15/13 report states the headaches were worse the last month, possible due to cold weather. It is not clear from the documentation, if the occipital nerve block on 6/6/13 provided any relief or decreased pain levels, and it did not appear to last 5-months, as headaches were reported to be worse through Sept 2013, (3-months) MTUS/ACOEM guidelines state: "Invasive techniques (e.g., needle acupuncture and injection procedures, such as injection of trigger points, facet joints, or corticosteroids, lidocaine, or opioids in the epidural space) have no proven benefit in treating acute neck and upper back symptoms." The occipital nerve block is not supported in MTUS/ACOEM guidelines, and under the ODG guidelines, is considered experimental or under study due to conflicting results.