

Case Number:	CM13-0019598		
Date Assigned:	06/06/2014	Date of Injury:	12/14/2000
Decision Date:	07/25/2014	UR Denial Date:	07/27/2013
Priority:	Standard	Application Received:	08/16/2013

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. The expert reviewer is Board Certified in Anesthesiology has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 35-year-old female with a 12/14/00 date of injury. At the time (6/19/13) of request for authorization for 1 bilateral occipital nerve block and 1 epidural steroid injection at C5-6 and C6-7, there is documentation of subjective (chronic neck pain with pain in the C7 distribution on the right hand and numbness of the right hand) and objective (spasm in the bilateral trapezius and decreased cervical range of motion with pain) findings, imaging findings (reported MRI of the cervical spine (undated) revealed definitive lesions at C5-6 and C6-7; report not available for review), current diagnoses (bilateral occipital headaches and cervical discogenic disease at C5-6 and C6-7), and treatment to date (medication, chiropractic therapy, and activity modification). In addition, 10/10/13 medical report identifies decreased sensation in the C5, C6 and C7 dermatomes. Regarding 1 epidural steroid injection at C5-6 and C6-7, there is no documentation of an imaging report with findings (nerve root compression OR moderate or greater central canal stenosis, lateral recess stenosis, or neural foraminal stenosis) at each of the requested levels.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 BILATERAL OCCIPITAL NERVE BLOCK: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head Chapter; Neck & Upper Back Chapter, Greater occipital nerve block.

Decision rationale: MTUS does not address this issue. ODG states greater occipital nerve blocks are under study for use in treatment of primary headaches, occipital neuralgia, and cervicogenic headaches. Within the medical information available for review, there is documentation of a diagnosis of bilateral occipital headaches. Therefore, based on guidelines and a review of the evidence, the request for 1 bilateral occipital nerve block is not medically necessary.

1 EPIDURAL STEROID INJECTION AT C5-6 AND C6-7: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 175. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back Chapter, Epidural Steroid Injections (ESIs).

Decision rationale: MTUS reference to ACOEM guidelines identifies cervical epidural corticosteroid injections should be reserved for patients who otherwise would undergo open surgical procedures for nerve root compromise. ODG identifies documentation of subjective (pain, numbness, or tingling in a correlating nerve root distribution) and objective (sensory changes, motor changes, or reflex changes (if reflex relevant to the associated level) in a correlating nerve root distribution) radicular findings in each of the requested nerve root distributions, imaging (MRI, CT, myelography, or CT myelography & x-ray) findings (nerve root compression OR moderate or greater central canal stenosis, lateral recess stenosis, or neural foraminal stenosis) at each of the requested levels, and failure of conservative treatment (activity modification, medications, and physical modalities), as criteria necessary to support the medical necessity of cervical epidural injection. Within the medical information available for review there is documentation of diagnoses of bilateral occipital headaches and cervical discogenic disease at C5-6 and C6-7. In addition, there is documentation of subjective (pain and numbness) and objective (sensory changes) radicular findings in each of the requested nerve root distributions, and failure of conservative treatment (activity modification, medications, and physical modalities). However, despite documentation of 6/19/13 medical report's reported imaging findings (MRI of the cervical spine identifying definitive lesions at C5-6 and C6-7), there is no documentation of an imaging report with findings (nerve root compression OR moderate or greater central canal stenosis, lateral recess stenosis, or neural foraminal stenosis) at each of the requested levels. Therefore, based on guidelines and a review of the evidence, the request for 1 epidural steroid injection at C5-6 and C6-7 is not medically necessary.