

<b>Case Number:</b>	CM13-0022770		
<b>Date Assigned:</b>	11/13/2013	<b>Date of Injury:</b>	06/28/2010
<b>Decision Date:</b>	01/14/2014	<b>UR Denial Date:</b>	08/14/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/16/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Anesthesiology has a subspecialty in Pain Medicine 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 physician 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:

This is a 51 y/o male injured worker with a DOI of 6/28/12 has been diagnosed with cervicalgia and cervical degenerative disc disease. Was also diagnosed with TBI, anxiety, and post-traumatic headache. His workup included consultations with experts as well as CT and MRI scanning. MRI WNL per [REDACTED] 11/12. He received treatment with PT, medications, and an occipital nerve block on 7/2/13, which resulted in initial but transient relief. On 5/2/13, provider recommended occipital nerve block. UR physician stated reason for non-coverage determination was because there was a subsequent assessment of the efficacy of the ONB which was "inconclusive". I reviewed the note from [REDACTED] of 8/5/13 and it stated it "improved pain relief by 90%, range of motion increased...patient is taking less pain medication since procedure...pain relief started 1-2 days after the injection that lasted for 2.5 days then the same pain started coming back."

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Medial branch block (site C2-C3 right side):** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

**Decision rationale:** The beneficial results of the occipital nerve block unequivocally was helpful for a sufficient duration of time to demonstrate that interrupting the afferent transmission via this nerve was beneficial for the injured worker. The doctor was accurate in his assessment that C2/3 medial branch nerve blocks may correctly predict that radiofrequency neurotomy could provide significant relief. Citation above notes "There is good quality medical literature demonstrating that radiofrequency neurotomy of facet joint nerves in the cervical spine provides good temporary relief of pain. Similar quality literature does not exist regarding the same procedure in the lumbar region. Lumbar facet neurotomies reportedly produce mixed results. Facet neurotomies should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks." Kapoor et al (2003) reported on a retrospective study of 17 patients with occipital neuralgia who underwent CT fluoroscopy-guided C2 or C3 nerve root blocks and had positive results. All 17 patients then underwent unilateral (n = 16) or bilateral (n = 1) intradural dorsal rhizotomies. Immediately after surgery, all patients had complete relief from pain. The request is approved.