

<b>Case Number:</b>	CM13-0025487		
<b>Date Assigned:</b>	11/20/2013	<b>Date of Injury:</b>	03/16/2012
<b>Decision Date:</b>	01/21/2014	<b>UR Denial Date:</b>	09/09/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/17/2013

### 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 Physical Medicine and Rehabilitation, 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 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 female patient with a date of injury of March 16, 2012. A utilization review determination dated September 9, 2013 recommends noncertification of pulsed facet rhizotomy at bilateral occipital nerves. A progress report dated October 2, 2013 identifies subjective complaints stating, "[REDACTED] presently complains of neck pain that radiates to the bilateral upper extremities, low back pain that radiates to the bilateral lower extremities, upper extremity pain bilaterally in the shoulders and lower extremity pain in the left hand, thumb, and index finger." The physical examination identifies, "there was occipital tenderness upon palpation bilaterally. The range of motion of cervical spine was moderately limited due to pain. Pain was significantly increased with flexion, extension and rotation." Diagnoses include cervical strain/sprain, lumbar strain/sprain, knee pain, chronic pain, and occipital neuralgia. The appeal for bilateral greater occipital nerve pulse radiofrequency rhizotomy states, "the patient had a positive response to an occipital nerve block. The previous procedure February 5, 2013 provided 90% pain relief for 3 weeks. I have submitted this medical necessity letter as requested by the utilization review physician due to lack of information it necessary to make a positive determination. I am hopeful that the additional information given at this time will be helpful in its rapid authorization. I am requesting consideration for treatment authorization outside of the strict interpretation of the ACOEM, MTUS guidelines. Occasional variance is implicit (though less weighted) in the California MTUS chronic pain guidelines, which allow for strength of evidence to consider community standards of practice and treating physician's level of expertise and experience. I have over 20 years experience in managing chronic pain from a variety of conditions including medical - legal/Worker's Compensation injuries. I am fellowship trained from a nationally recog

## IMR ISSUES, DECISIONS AND RATIONALES

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

**pulsed facet rhizotomy at bilateral occipital nerve:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Broadspire Medical Advisory: Bloodborne Occupational Exposure.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pulsed Radiofrequency Treatment Page(s): 102. Decision based on Non-MTUS Citation the Official Disability Guidelines (ODG), Head Chapter, Greater Occipital Nerve Block (GONB

**Decision rationale:** Regarding the request for pulsed facet rhizotomy at bilateral greater occipital nerves, Chronic Pain Medical Treatment Guidelines state of the pulsed radiofrequency treatment is not recommended. Pulse radiofrequency treatment has been investigated as a potentially less harmful alternative to radio frequency thermal neurolytic destruction in the management of certain chronic pain syndromes such as facet joint pain and trigeminal neuralgia. Pulsed radiofrequency treatment is considered investigational/not medically necessary for the treatment of chronic pain syndromes. Specifically regarding occipital nerve blocks, ODG states that occipital nerve blocks are under study for use in treatment of primary headaches. Studies on the use of greater occipital nerve block for treatment of migraine and cluster headache show conflicting results, and when positive, have found response limited to short term duration. The requesting physician has not included any peer-reviewed scientific literature which would override the recommendations made by Chronic Pain Medical Treatment Guidelines or ODG in the absence of such documentation, the currently requested pulsed facet rhizotomy at bilateral greater occipital nerves is not medically necessary.