

Case Number:	CM13-0031378		
Date Assigned:	12/04/2013	Date of Injury:	06/10/2011
Decision Date:	03/11/2014	UR Denial Date:	09/16/2013
Priority:	Standard	Application Received:	10/03/2013

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 Management, and is licensed to practice in Florida. 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:

The patient is a 59-year-old male who reported an injury on 6/10/11. The patient is diagnosed with cervical sprain/strain, cervical disc herniation, cervical paraspinal muscle spasm, cervical radiculitis/radiculopathy of the bilateral upper extremities, lumbar sprain/strain, lumbar paraspinal muscle spasm, lumbar disc herniation, and lumbar radiculitis/radiculopathy of the bilateral lower extremities. The patient was seen by [REDACTED] on 8/19/13. The patient reported progressively limited range of motion in the cervical spine with severe muscle spasm and 9/10 pain. Physical examination of the cervical spine revealed weakness in the bilateral upper extremities, tenderness to palpation of the cervical paraspinal muscles with severe guarding, and weak grip strength. The patient also demonstrated positive cervical compression, distraction, and Adson's testing with decreased range of motion and radiculitis in the dermatomal distribution of C4-5 and C7-T1.

IMR ISSUES, DECISIONS AND RATIONALES

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

bilateral occipital nerve blocks under fluoroscopic guidance: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173. Decision based on Non-MTUS Citation Official Disability Guidelines

Decision rationale: The California MTUS/ACOEM Practice Guidelines state that invasive techniques such as injections have no proven benefit in treating acute neck and upper back symptoms. The Official Disability Guidelines state that greater occipital nerve blocks are currently under study for use in treatment of primary headaches. As per the documentation submitted, there is no evidence of chronic migraines or cluster headaches. Based on the clinical information received and Official Disability Guidelines, the request is non-certified.