

Case Number:	CM13-0039483		
Date Assigned:	03/21/2014	Date of Injury:	09/07/2010
Decision Date:	05/23/2014	UR Denial Date:	10/17/2013
Priority:	Standard	Application Received:	10/28/2013

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 Orthopedic Surgery 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:

This is a 41-year-old female who was injured in a work-related injury on 9/7/10. A recent clinical assessment for review includes indication of ongoing complaints of neck pain. A follow up, dated 9/16/13, with [REDACTED] indicated continued complaints of pain about the neck as well as radiating pain to the arm. The claimant was noted to be with prior electrodiagnostic studies which were positive for peripheral neuropathy to the upper extremities. Reportedly, the previous cervical MRI scan was "normal." Treatment to date has included medication management, physical/occupational therapy, and activity restrictions. A clinical assessment dated 9/16/13 showed subjective complaints of ongoing neck and shoulder pain with objective findings noted to be "unchanged." Previous subjective findings for review dated 8/21/13 showed the neck to be with limited range of motion. At present, there is a current request for medial branch blockade at a non-documented level as well as role of an occipital nerve block for further treatment. The claimant is noted to have been with two prior occipital nerve blocks.

IMR ISSUES, DECISIONS AND RATIONALES

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

STAT MEDIAL BRANCH BLOCK, QTY: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 48, 174-175.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174-175.

Decision rationale: The Expert Reviewer's decision rationale: California ACOEM Guidelines would not support the role of facet joint injections at present. Guidelines indicate that invasive technique such as facet joint injections have had no proven benefit or value in the treatment of acute or chronic upper back or neck related conditions. The clinical records failing to demonstrate specific level of injection procedure would not support the role of this treatment modality. The request for stat medial branch block is not medically necessary.

OCCIPITAL NERVE BLOCK, QTY:1.00: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG)-- OFFICIAL DISABILITY GUIDELINES TREATMENT IN WORKER'S COMP , 18TH EDITION, 2013 UPDATES: NECK PROCEDURE - GREATER OCCIPITAL NERVE BLOCK, THERAPEUTIC

Decision rationale: The Expert Reviewer's decision rationale: California MTUS Guidelines are silent. When looking at Official Disability Guidelines criteria, the role of occipital nerve block would not be supported. Occipital nerve blocks are under study for the treatment of occipital neuralgia and cervicogenic headaches. Formal support of the procedure is not recommended for Official Final Determination Letter for IMR Case Number CM13-0039483 4 Disability Guidelines. The claimant's clinical presentation at this stage in the chronic course of care would not support the role of the above procedure at present. The request for occipital nerve block is not medically necessary.