

<b>Case Number:</b>	CM13-0040183		
<b>Date Assigned:</b>	06/06/2014	<b>Date of Injury:</b>	09/14/1998
<b>Decision Date:</b>	08/15/2014	<b>UR Denial Date:</b>	09/27/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/09/2013

### 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 Occupational 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 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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic neck pain, shoulder pain, elbow pain, wrist pain, and headaches reportedly associated with an industrial injury of September 14, 1998. Thus far, the applicant has been treated with the following: Analgesic medications, attorney representation; transfer of care to and from various providers in various specialties; unspecified amounts of physical therapy; earlier shoulder surgery; earlier cubital tunnel release surgery; and earlier carpal tunnel release surgery. In a Utilization Review Report dated September 27, 2013, the claims administrator denied a request for a trial of occipital nerve blocks and/or auricular injections and also concurrently denied a request for an epidural steroid injection. The claims administrator based his denial for greater occipital nerve blocks on non-MTUS ODG Guidelines. The claims administrator denied the request for epidural steroid injection therapy on the grounds that the applicant did not have any clear radicular complaints. It was not clearly stated whether the request was a first-time request or a renewal request. The claims administrator's rationale comprised largely of cited guidelines with very little in the way of applicant-specific information. The claims administrator stated that the applicant did not have any compelling evidence of cervical radiculopathy. The applicant's attorney subsequently appealed. In a March 28, 2014 progress note, the applicant presented with persistent complaints of neck pain. The applicant did have residual numbness and tingling about the left hand status post earlier carpal tunnel release surgery. The applicant was on Naprosyn and Protonix, it was noted. The applicant was described as having well-preserved, 5/5 bilateral upper extremity strength with decreased sensorium noted about two digits of the left hand. The applicant was described as having chronic persistent axial neck pain. The attending provider appealed that the request to deny chiropractic manipulative therapy. The attending provider did allude to a cervical MRI of August 27, 2013 which showed only kyphosis of C4-C5 with no

evidence of associated neuroforaminal stenosis. In a spine surgery consultation of January 23, 2014, the applicant was described as having persistent complaints of neck pain. The attending provider attributed some paresthesias about the left hand and digits to residual cubital tunnel syndrome following earlier carpal tunnel release surgery and cubital tunnel release surgery. The applicant's neck pain was again described as axial in nature.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **TRIAL OF OCCIPITAL AND/OR AURICULAR INJECTIONS: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: ACOEM Practice Guidelines, Third Edition, Chronic Pain Chapter, Local Anesthetic Injections section.

**Decision rationale:** The MTUS does not address the topic of occipital and/or auricular nerve blocks, as are being sought here. While the Third Edition ACOEM Guidelines Chronic Pain Chapter does recommend greater occipital nerve blocks to determine whether a complaint of headache is due to static neck position or migraine, ACOEM qualifies the recommendation by noting that such local anesthetic injections are primarily for diagnostic purposes. ACOEM notes that there is no quality evidence which demonstrates that repeated injections are effective in the long-term management of chronic localized pain. In this case, the attending provider did seemingly seek authorization for a series of occipital and/or auricular nerve blocks. This is not indicated, appropriate or supported by ACOEM, which notes that occipital nerve blocks and other localized injections play a role primarily for diagnostic purposes. Therefore, the trial of multiple occipital and/or auricular injections is not indicated. Accordingly, the request is not medically necessary.

#### **CERVICAL EPIDURAL INJECTION: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections topic Page(s): 46.

**Decision rationale:** While page 46 of the MTUS Chronic Medical Treatment Guidelines does acknowledge that cervical epidural steroid injections are indicated in the treatment of radiculopathy, preferably that which is radio graphically and/or electrodiagnostically confirmed, in this case, however, the applicant does not have any clear or compelling radiographic or electrodiagnostic corroboration or confirmation of cervical radiculopathy. At least two of the applicant's treating providers, including a spine surgeon have opined that her low-grade left hand

and arm paresthesias are a function of residual ulnar neuropathy as opposed to a function of carpal tunnel syndrome. Cervical MRI imaging, moreover, has been essentially negative, and failed to uncover any cervical source for the applicant's residual complaints. Thus, the applicant does not have any active cervical or radicular complaints for which even a trial diagnostic cervical epidural steroid injection would be indicated. Therefore, the request is not medically necessary.