

Case Number:	CM13-0071035		
Date Assigned:	01/08/2014	Date of Injury:	06/04/2012
Decision Date:	06/05/2014	UR Denial Date:	12/09/2013
Priority:	Standard	Application Received:	12/26/2013

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 patient is an employee of [REDACTED] and has submitted a claim for neck pain associated with an industrial injury date of June 4, 2012. Treatment to date has included medications, physical therapy, acupuncture, chiropractic treatment, and trigger point injection. Medical records from 2012 through 2014 were reviewed, which showed that the patient complained of constant neck pain, 5/10, accompanied by throbbing in her wrists, neck, and elbow. She also reported occasional strong sharp shooting pain in the neck radiating to her head. On physical examination, neck range of motion was limited. Examination of the wrist showed negative Tinel, Phalen, and Finkelstein tests with no swelling and ecchymosis noted. Examination of the elbows showed normal muscle strength with no swelling. An Electromyography (EMG)/Nerve Conduction Study (NCS) dated 12/19/13 did not reveal any evidence of a median neuropathy at the wrist, ulnar neuropathy, or cervical radiculopathy. Utilization review from December 9, 2013 denied the request for dorsal root median branch block right C2, 3, 4 because there was no clinical documentation to support the diagnosis of cervical facet dysfunction; and R occipital nerve block under U/S guidance because the nerve block is still under study for treatment of occipital neuralgia and cervicogenic headaches.

IMR ISSUES, DECISIONS AND RATIONALES

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

DORSAL ROOT MEDIAN BRANCH BLOCK FOR RIGHT C2,C3,C4: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck And Upper Back Chapter, Facet Joint Diagnostic Blocks.

Decision rationale: CA MTUS does not specifically address cervical medial branch blocks; however, the Official Disability Guidelines Neck and Upper Back Chapter states that criteria for diagnostic medial branch blocks include cervical pain that is non-radicular and at no more than two levels bilaterally; failure of conservative treatment prior to the procedure for at least 4-6 weeks; and no more than 2 joint levels are injected in one session. In this case, although the patient's neck pain is most probably non-radicular due to negative EMG findings, there was no discussion regarding failure of conservative treatment prior to the requested procedure. Furthermore, the request is for three cervical levels, which is beyond the recommended number of levels to be injected. The criteria were not met; therefore, the request for dorsal root median branch block for right C2,C3,C4 is not medically necessary.

RIGHT OCCIPITAL NERVE BLOCK UNDER U/S(ULTRASOUND) GUIDANCE:
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Head Chapter, Medical & Diagnostic, Greater Occipital Nerve Block.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck Chapter, Greater Occipital Nerve Block, Therapeutic.

Decision rationale: CA MTUS does not specifically address occipital nerve blocks; however the Official Disability Guidelines Neck Chapter states that greater occipital nerve injection is under study for treatment of occipital neuralgia and cervicogenic headaches and there is little evidence that the block provides sustained relief. In this case, there was no discussion regarding the indication for an occipital nerve block despite little evidence with its therapeutic effect. Furthermore, guidelines state that there is no gold standard methodology for injection delivery, nor has the timing or frequency of delivery of injections been researched. There is lack of evidence supporting this procedure; therefore, the request for right occipital nerve block under u/s(ultrasound) guidance is not medically necessary.