

<b>Case Number:</b>	CM14-0003588		
<b>Date Assigned:</b>	01/31/2014	<b>Date of Injury:</b>	05/01/2012
<b>Decision Date:</b>	06/20/2014	<b>UR Denial Date:</b>	12/31/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/09/2014

### 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 Physical Medicine and Rehabilitation 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 injured worker is a 52 year old male who reported a lifting injury to his neck on 05/01/2012. Within the clinical note dated 12/04/2013 the injured worker reported neck and upper back pain which radiated to the left arm that rated 8/10. The physical exam reported moderate restriction of the cervical spine secondary to a spinal fusion the injured worker underwent 10/12/2012 C5-C7, with intact sensation of the arms bilaterally. The report further showed the injured worker has already completed physical therapy and was helpful and the time and the worker was continuing a home exercise program. The request for authorization was not found within the submitted documents.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **UPPER FACET MEDIAL BRANCH AND THIRD OCCIPITAL NERVE BLOCKS FOR CONSIDERATION OF RADIO FREQUENCY NEUROLYSIS: 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), Low Back, Facet Joint Diagnostic Blocks (Injections).

**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 (ODG), Neck and Upper Back, Greater occipital nerve block, diagnostic.

**Decision rationale:** The American College of Occupational and Environmental Medicine do not recommend diagnostic facet for acute, sub-acute and chronic regional neck pain. However, many pain physicians believe that diagnostic and/or therapeutic injections may help patients presenting in the transitional phase between acute and chronic pain. More specifically, the physical findings reported the injured worker had radicular symptoms of radiating pain and a previous spinal fusion, which the guidelines contraindicate branch blocks for radiculopathy. The Official Disability Guidelines do not recommend occipital nerve blocks due to the difficulty that arises because occipital nerve blocks are non-specific. This may result in misidentification of the occipital nerve as the pain generator. Additionally, the request does not specify the location of the medial branch blocks and the guidelines limit the number of branches to two. Hence, the request is not medically necessary.

**BILATERAL SHOULDER TRIGGER POINT INJECTIONS:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point Injections Page(s): 122.

**Decision rationale:** The CA MTUS guidelines recommend trigger point injections with a local anesthetic may be recommended for the treatment of chronic low back or neck pain with myofascial pain syndrome when documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain; medical management therapies such as ongoing stretching exercises, physical therapy, NSAIDs and muscle relaxants have failed to control pain; and repeat injections are not supported unless a greater than 50% pain relief is obtained for six weeks after an injection and there is documented evidence of functional improvement. The injured worker was reported to have completed physical therapy with an unquantified success and limited documentation of the level of work done during the home exercise program. Hence, the rationale does not indicate the injured worker will start additional therapy. In addition, there was a lack of documentation the circumscribed trigger point and was a lack of a twitch response. Thus, the request is not medically necessary.