

<b>Case Number:</b>	CM14-0009522		
<b>Date Assigned:</b>	02/14/2014	<b>Date of Injury:</b>	04/08/2004
<b>Decision Date:</b>	07/24/2014	<b>UR Denial Date:</b>	01/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/23/2014

### 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 & Rehabilitation, has a subspecialty in Sports Medicine and is licensed to practice in Texas. 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 50-year-old male with an injury reported on April 08, 2004. The mechanism of injury was noted as a work related altercation with a combative prisoner. The clinical note dated November 12, 2013, reported that the injured worker complained of chronic neck pain and post fusion syndrome. The physical examination findings reported Tinel's positive over the right lesser occipital nerve. The injured worker's cervical lateral masses were tender per palpation. There were no neurologic abnormalities, radicular finding on examination. The injured worker developed progressive debilitating neck pain and was prescribed physical therapy on December 10, 2012. Physical therapy lasted for 6 months with no improvement. The injured worker's diagnoses included cervical fusion and discectomy at C5-6 in 2004. The request for authorization was submitted on January 12, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **MEDIAL BRANCH BLOCK AT THE LEFT C3: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Neck - Facet 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:** The request for medial branch block at the left C3 is not medically necessary. According to the Official Disability Guidelines clinical presentation should be consistent with facet joint pain, signs & symptoms. One set of diagnostic medial branch blocks is required with a response of 70%. Limited to patients with cervical pain that is non-radicular and at no more than two levels bilaterally. There is documentation of failure of conservative treatment (including home exercise, PT and NSAIDs) prior to the procedure for at least 4-6 weeks. No more than 2 joint levels are injected in one session. Diagnostic facet blocks should not be performed in patients in whom a surgical procedure is anticipated. Diagnostic facet blocks should not be performed in patients who have had a previous fusion procedure at the planned injection level. It is currently not recommended to perform facet blocks on the same day of treatment as epidural steroid injections as this may lead to improper diagnosis or unnecessary treatment. The injured worker had physical therapy sessions with no marked improvement; however, there is a lack of physical therapy notes for clinical review. The the injured worker had tenderness to the cervical lateral masses; however, it is unclear if it is facet joint pain or related to cervical fusion and discectomy at C5-6. The request for medial branch block at the left C3, C4, and C5 exceeds the guideline recommended two joint levels. The provider had also requested an epidural steroid injection to C7, the guidelines do not recommend facet blocks and epidural steroid injections on the same day due to improper diagnosis. Therefore, the request is not medically necessary.

#### **MEDIAL BRANCH BLOCK AT THE LEFT C4 AND C5: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Neck - Facet 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:** The request for medial branch block at the left C4 and C5 is not medically necessary. According to the Official Disability Guidelines clinical presentation should be consistent with facet joint pain, signs & symptoms. One set of diagnostic medial branch blocks is required with a response of 70%. Limited to patients with cervical pain that is non-radicular and at no more than two levels bilaterally. There is documentation of failure of conservative treatment (including home exercise, PT and NSAIDs) prior to the procedure for at least 4-6 weeks. No more than 2 joint levels are injected in one session. Diagnostic facet blocks should not be performed in patients in whom a surgical procedure is anticipated. Diagnostic facet blocks should not be performed in patients who have had a previous fusion procedure at the planned injection level. It is currently not recommended to perform facet blocks on the same day of treatment as epidural steroid injections as this may lead to improper diagnosis or unnecessary treatment. The injured worker had physical therapy sessions with no marked improvement; however, there is a lack of physical therapy notes for clinical review. The injured worker had tenderness to the cervical lateral masses; however, it is unclear if it is facet joint pain or related to cervical fusion and discectomy at C5-6. The request for medial branch block at the left C3, C4, and C5 exceeds the guideline recommended two joint levels. The provider had also

requested an epidural steroid injection to C7, the guidelines do not recommend facet blocks and epidural steroid injections on the same day due to improper diagnosis. Therefore, the request is not medically necessary.

**AN EPIDURAL STEROID INJECTION AT C7: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs).

**Decision rationale:** The request for an epidural steroid injection at C7 is not medically necessary. According to the Chronic Pain Medical Treatment Guidelines for epidural steroid injections, radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. It was noted that there were no neurologic abnormalities, radicular finding on examination. Therefore, the request is not medically necessary.

**VOLTAREN GEL 1%: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

**Decision rationale:** The request for voltaren gel 1%, is not medically necessary. The California MTUS guidelines recommend Voltaren gel 1% as indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip or shoulder. It is unclear what medications the injured worker is presently prescribed. It was also unclear if Voltaren gel 1% has been utilized and its efficacy to the injured worker's pain. There is a lack of clinical information as to the location of administration the Voltaren gel will be prescribed. The injured worker's complaint is chronic neck pain, and per guidelines, Voltaren gel is not recommended for treatment of the spine. Thus, the request is not medically necessary.

**CERVICAL ORTHOSIS - SOFT CERVICAL COLLAR (DISPENSED 11/12/2013): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173.

**Decision rationale:** The request for a cervical orthosis-soft cervical collar (dispensed 11/12/2013) is not medically necessary. The ACOEM Practice Guidelines state that cervical collars have not been shown to have any lasting benefit, except for comfort in the first few days of the clinical course in severe cases; in fact, weakness may result from prolonged use and will contribute to debilitation. The rationale for the cervical collar is unclear. Moreover, cervical collars are not recommended per the guidelines. Thus, the request is not medically necessary.

**AN OCCIPITAL NERVE BLOCK (PERFORMED 11/12/2013):** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Head, Greater occipital nerve block (GONB).

**Decision rationale:** The request for an occipital nerve block (performed 11/12/2013) is not medically necessary. According to the Official Disability Guidelines occipital nerve blocks are under study for use in treatment of primary headaches. Studies on the use of greater occipital nerve block (GONB) for treatment of migraine and cluster headaches show conflicting results, and when positive, have found response limited to a short-term duration. A recent study has shown that GONB is not effective for treatment of chronic tension headache. It was noted the injured worker had a positive Tinel's sign over the right lesser occipital nerve; however, the rationale for an occipital nerve block is unclear. There is a lack of evidence indicating occipital neuralgia or complaints of migraines or headaches. The injured worker had no neurologic abnormalities. Therefore, the request is not medically necessary.