

Case Number:	CM14-0133503		
Date Assigned:	08/27/2014	Date of Injury:	05/07/2007
Decision Date:	10/02/2014	UR Denial Date:	07/30/2014
Priority:	Standard	Application Received:	08/20/2014

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 Emergency 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 52-year-old male who reported injury on 05/07/2007. The mechanism of injury was not submitted in report for review. The injured worker has diagnoses of chronic pain, cervical radiculopathy, status post cervical spine and fusion, lumbar post laminectomy syndrome, lumbar radiculopathy, headaches, cervicalgia, and severely worsened headaches since spine cervical fusion. Past medical treatment consists of surgery, the use of a TENS unit, physical therapy, several ESIs, spinal cord stimulator, myofascial trigger point injections, and medication therapy. An MRI of the lumbar spine was obtained on 02/23/2012, but the MRI was not submitted for review. The injured worker underwent a cervical spinal fusion. It was not documented when. On 07/18/2014, the injured worker complained of neck, low back, and occipital migraine pain. Physical examination revealed that the injured worker's pain rate was a 7/10 with medications and 8/10 without. The spinal vertebral tenderness was noted in the cervical spine C5-7, myofascial trigger points were noted in the right trapezius muscles. There was occipital tenderness upon palpation bilaterally. Range of motion of the cervical spine was moderately limited due to pain. The treatment plan is for the injured worker to undergo bilateral greater occipital nerve blocks. The rationale and Request for Authorization form were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral Greater Occipital Nerve Blocks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections Page(s): 46.

Decision rationale: California MTUS Guidelines recommend epidural steroid blocks as an option for treatment of radicular pain. An epidural steroid injection can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program. There is no information on improved function. The criteria for the use of an ESI are as followed: radiculopathy must be documented by physical examination and corroborated by imaging studies, be initially unresponsive to conservative treatment, injections should be performed using fluoroscopy, and no more than 2 nerve root levels should be injected using transforaminal blocks. Given the above, the injured worker is not within the MTUS Guidelines. An occipital nerve block is a steroid injection around the greater and lesser occipital nerves that are located on the back of the head, just above the neck area. The submitted report did have evidence of the injured worker having cervical radiculopathy. However, there were no MRI or diagnostics submitted for corroboration of this diagnosis. Furthermore, there was no documentation showing that the injured worker was unresponsive to conservative treatment. Additionally, there was no other information submitted for report showing that the provider had tried any other means of therapy or medication to help the injured worker with his migraine pain. As such, the request for Bilateral Greater Occipital Nerve Blocks is not medically necessary.