

Case Number:	CM14-0156692		
Date Assigned:	09/26/2014	Date of Injury:	08/13/2005
Decision Date:	12/24/2014	UR Denial Date:	09/08/2014
Priority:	Standard	Application Received:	09/24/2014

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, has a subspecialty in Interventional Spine 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 a 56-year-old female with date of injury of 08/13/2005. The treating physician's listed diagnoses from 08/19/2014 are: 1. Status post anterior cervical discectomy and fusion, C4-C5 and C5-C6.2. A recent EMG/NCV evidence of right C6-C7 cervical radiculopathy.3. Status post brachial plexus release.4. NCV evidence of mild to moderate right mixed motor and sensory median nerve carpal tunnel at the wrist plus mild left ulnar nerve entrapment at the left olecranon groove.5. Left shoulder pain.6. Occipital headache.7. Left upper extremity radicular symptoms.8. Low back pain.9. L5-S1 4-mm to 5-mm disk bulge with bilateral neuroforaminal narrowing and S1 nerve root impingement with EMG evidence of left S1 radiculopathy.10. Status post lumbar spine surgery from 05/27/2009.11. Left greater than right lumbosacral radicular pain.12. Trigger finger, bilateral middle fingers.13. Opioid dependence with possible opioid-induced hyperalgesia.14. Status post anterior to posterior lumbar spine fusion with postoperative infection from 07/30/2013.15. Painful abdominal scar now healed. According to this report, the patient complains of pain in her neck, left shoulder, left extremity, lower back, and left lower extremity. The examination from 08/13/2014 shows that the neck is supple, carotid bruit is absent, range of motion in the neck is normal. Lumbar spine range of motion is normal. Lower extremity joint is unremarkable. Cranial nerves II to VII is normal. Gait is normal. Reflexes are symmetrical bilaterally. The examination from the 07/15/2014 report shows that the patient is slow to move around the room and is uncomfortable. There is an anterior incision with disfigurement to the left midline, lower abdomen. Spinous process is mildly tender in the lumbar spine. Sacroiliac joints are tender bilaterally. Reduced pinprick sensation over the lateral feet, left more than the right and anterolateral legs, left more

than the right. Heel to toe tandem gait are slow. The treater references a CT scan of the lumbar spine from 07/14/2014 that showed persistent bony narrowing of the left more than the right foramina, L5-S1 more than L4-L5. There is a solid-appearing fusion at L4-L5 and L5-S1. Anterior and posterior hardware is in good alignment. Documents include physical therapy reports from 01/02/2013 to 01/21/2014, laboratory reports from 05/15/2013 to 05/18/2013, and progress reports from 05/15/2013 to 08/19/2014. The Utilization Review denied the request on 09/08/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral 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 (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 Chapter, Greater Occipital Nerve Block.

Decision rationale: This patient presents with neck, left shoulder, left upper extremity, low back, and left lower extremity pain. The treater is requesting a bilateral occipital nerve block. The MTUS and ACOEM do not address this request. However, ODG Guidelines under the head chapter for greater occipital nerve block (GONB) states, "Under study for use in treatment of primary headaches. Studies on these greater occipital nerve blocks (GONB) for treatment of migraine and cluster headaches showed conflicting results, and when positive, have found response limited to short-term duration." The records do not show that the patient has had previous bilateral occipital nerve block. Given the lack of support from ODG Guidelines with study showing conflicting results, the request is not medically necessary and appropriate.

Lt L4-L5 and Lt L5-S1 selective injections on separate occasions: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter Facet Joint Diagnostic Blocks (Injections)

Decision rationale: This patient presents with neck, left shoulder, left upper extremity, low back, and left lower extremity pain. The treater is requesting a left L4-L5 and L5-S1 selective injections. The ACOEM Guidelines do not support facet injections for treatment, but does discuss dorsal medial branch blocks as well as radiofrequency ablations. ODG also supports facet diagnostic evaluations for patients presenting with paravertebral tenderness with nonradicular symptoms. No more than 2 levels bilaterally are recommended. The 08/19/2014 report notes that the treater is requesting a left L4-L5 and left L5-S1 selective injections for

"surgical planning." This report also shows that the patient has a positive straight leg raise on the left in the S1 distribution. She also has a diagnosis of "left upper extremity radicular symptoms" and EMG evidence of left S1 radiculopathy. Given the patient's radicular symptoms, the requested facet injection is not indicated per the ODG guidelines. Therefore, the request is not medically necessary.