

Case Number:	CM14-0032361		
Date Assigned:	06/23/2014	Date of Injury:	10/09/2012
Decision Date:	07/22/2014	UR Denial Date:	02/26/2014
Priority:	Standard	Application Received:	03/14/2014

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 34-year-old female with reported date of injury on 10/09/2012. The mechanism of injury reportedly occurred while the injured worker had an altercation with an inmate while performing duties as a corrections officer. The injured worker presented with complaints of pain of the cervical spine rated at 8/10, thoracic spine pain rated at 6/10, right shoulder pain rated at 6-7/10, and left shoulder pain rated at 4/10. Upon physical examination, the injured worker's cervical spine range of motion revealed to be approximately 50% of full. The injured worker's shoulders presented with positive Neer's impingement and 90 degrees crossover impingement tests bilaterally. The range of motion of the thoracic spine was noted to be full with paraspinal tenderness to percussion. According to the clinical documentation provided for review, the injured worker received a cervical epidural steroid injection on 03/21/2014. The documentation indicated the physician pierced the spinal cord when performing the injection. The injured worker went to the emergency room on 03/24/2014, the injured worker presented with cervical spine pain at 9/10. An MRI of the cervical spine was completed; the results of which were not provided within the documentation available for review. Previous physical therapy and conservative care was not provided within the documentation available for review. The injured worker's diagnoses included cervical radiculopathy, neck pain, cephalgia, tension headaches, insomnia, and neuropathic pain. The injured worker's medication regimen included tramadol, Tylenol No. 3, gabapentin, and Lasix. The request for authorization for suboccipital nerve block was submitted, but not signed or dated. The rationale for the request was not provided within the documentation available for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Suboccipital Nerve Block: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: (Stovner, 2004), neck and upper back chapter; (Bovin, 1992), head chapter; (Bogduk, 2004), neck chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter 8, Neck & Upper Back, Cervicogenic Headache, Facety Joint Neurotomy.

Decision rationale: The Official Disability Guidelines state that facet joint radiofrequency neurotomy is not recommended for The Official Disability Guidelines state that facet joint radiofrequency neurotomy is not recommended for cervicogenic headaches. The clinical documentation provided for review indicates that the injured worker previously underwent epidural spinal injections, which resulted in adverse effects; also sub occipital nerve blocks, the results of which were not provided within the documentation available for review. In addition, the clinical information indicates that the injured worker underwent an MRI, the results of which were not provided within the documentation provided for review. The previous physical therapy and conservative care were not provided within the documentation available for review. Within the clinical notes dated 04/01/2014 and 05/01/2014, there is no indication of the injured worker complaining of headaches. The rationale for the request was not provided within the documentation available for review. In addition, the guidelines do not recommend facet joint neurotomy for cervicogenic headache. Therefore, the request for sub occipital nerve block is not medically necessary.