

Case Number:	CM14-0198558		
Date Assigned:	12/08/2014	Date of Injury:	02/02/2005
Decision Date:	02/17/2015	UR Denial Date:	11/03/2014
Priority:	Standard	Application Received:	11/25/2014

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 Internal Medicine and is licensed to practice in New York. 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 claimant is a 51 year old female who sustained an industrial injury on 02/02/2005. The mechanism of injury was not provided for review. Her diagnoses include cervical spinal stenosis, cervical spondylosis with myelopathy, cervical post-laminectomy syndrome and, medical epicondylitis. She continues to complain of headaches, 8/10 neck pain, 7/10 shoulder pain and 4/10 left elbow pain. On physical exam there is tenderness to palpation in the right suboccipital region, left suboccipital region, right and left upper cervical and lower cervical facets, with spasm in the left trapezius. Treatment has included medical therapy with opiates, surgery- anterior cervical discectomy and fusion from C5-C7, trial of a spinal cord stimulator, physical therapy, epidural steroid injections, facet injections, chiropractic treatments, acupuncture, massage therapy and TENS unit. The treating provider has requested cervical median branch block, Left 2-4, Right 2-4, left occipital block, and right occipital block.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical median branch block, Left 2-4, Right 2-4: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

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 Pain (Acute and Chronic), Facet joint diagnostic blocks

Decision rationale: A facet block is an injection of local anesthetic and steroid into a joint in the spine. A medial branch block is similar but the medication is placed outside the joint space near the nerve that supplies the joint called the medial branch (steroid may or may not be used). Per ODG facet injections are limited to patients with chronic cervical pain that is non-radicular and at no more than 2 levels bilaterally. There should be documentation of the failure of conservative measures prior to the procedure for at least 4-6 weeks. No more than 2 joint levels should be injected in one session. There is no documented information concerning the results of previous facet blocks which have been documented by the provider. Medical necessity for the requested treatment has not been established. The requested treatment is not medically necessary.

Left occipital nerve block: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

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 Pain (Acute and Chronic)

Decision rationale: Injection of local anesthetics and/or steroids, used as occipital nerve blocks, is proven and medically necessary for the treatment of pain due to malignancy involving the head and neck. Per ODG, the injection of local anesthetics and/or steroids, used as occipital nerve blocks, is unproven and not medically necessary for the diagnosis and treatment of occipital neuralgia or headaches including migraine and cervicogenic headaches. There is insufficient evidence that greater occipital nerve blocks can be used as a specific diagnostic test for occipital neuralgia or headaches. The efficacy of local injection therapies for occipital neuralgia or cervicogenic headache and other headaches has not been established in well-designed clinical trials. Medical necessity for the requested treatment has not been established. The requested treatment is not medically necessary.

Right occipital nerve block: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

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 Pain (Acute and Chronic)

Decision rationale: Injection of local anesthetics and/or steroids, used as occipital nerve blocks, is proven and medically necessary for the treatment of pain due to malignancy involving the head and neck. Per ODG, the injection of local anesthetics and/or steroids, used as occipital

nerve blocks, is unproven and not medically necessary for the diagnosis and treatment of occipital neuralgia or headaches including migraine and cervicogenic headaches. There is insufficient evidence that greater occipital nerve blocks can be used as a specific diagnostic test for occipital neuralgia or headaches. The efficacy of local injection therapies for occipital neuralgia or cervicogenic headache and other headaches has not been established in well-designed clinical trials. Medical necessity for the requested treatment has not been established. The requested treatment is not medically necessary.