

Case Number:	CM14-0057726		
Date Assigned:	07/09/2014	Date of Injury:	06/19/2007
Decision Date:	01/06/2015	UR Denial Date:	04/08/2014
Priority:	Standard	Application Received:	04/28/2014

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 Family Practice and is licensed to practice in Ohio. 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 57 year old male with a date of injury of 6/19/2007. He has chronic neck and back pain and he has been attempting to wean his opioids. He has diagnoses of cervicalgia, low back pain with lower extremity symptoms, and deconditioning of the upper and lower extremities. Previous surgeries have included disc replacements at L2-L5 and C5-C7 and a fusion at C6-C7. The exam reveals tenderness along the cervical facet joints, limited cervical range of motion, and trigger point tenderness over C2 and the trapezius, levator scapula, and splenius capitus muscles. On 4-14-2014 he received trigger point injections to the tender muscles with a 25% pain reduction. At issue are requests for a superficial cervical plexus block and a superior cluneal nerve block of the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Superficial Cervical Plexus Block: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation The Open Emergency Journal, 2010, 3, 32-35, Headache Management with Occipital Nerve Blocks, Cervical Injections and Trigger Point Injections and

on the Atlas of Ultrasound-Guided Regional Anesthesia, Chapter 58: Superficial Cervical Plexus Block

Decision rationale: While there are numerous therapeutic modalities potentially applied to relieve headache pain, intramuscular injections other than occipital nerve blocks are currently not widely utilized, recognized, or researched. The importance of cervical injections remains to be further clarified. Indications for superficial cervical plexus block include carotid endarterectomy and clavicle surgery. The ODG and Medical Treatment Utilization Schedule do not address superficial cervical plexus blocks for neck pain or headaches. The available literature cited above does not appear to support such blocks for cervicalgia. Consequently, the request does not appear medically necessary.

Superior Cluneal Nerve Block lumbar spine: 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): Chronic pain: steroid injections

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Epidural steroid injections, diagnostic Regional Anesthesia & Pain Medicine: November/December 2000 - Volume 25 - Issue 6 - p 648-650, Superior Cluneal Nerve Entrapment

Decision rationale: Pain due to superior cluneal nerve entrapment is an infrequent cause of unilateral low back pain. SCN is prone to entrapment where it passes through the fascia near the posterior iliac crest. Unilateral low back pain and deep tenderness radiating to the ipsilateral buttock are the clinical findings accompanying SCN entrapment. Diagnostic epidural steroid transforaminal injections are also referred to as selective nerve root blocks, and they were originally developed as a diagnostic technique to determine the level of radicular pain. In studies evaluating the predictive value of selective nerve root blocks, only 5% of appropriate patients did not receive relief of pain with injections. No more than 2 levels of blocks should be performed on one day. The response to the local anesthetic is considered an important finding in determining nerve root pathology. When used as a diagnostic technique a small volume of local is used (<1.0 ml) as greater volumes of injectate may spread to adjacent levels. When used for diagnostic purposes the following indications have been recommended: 1) To determine the level of radicular pain, in cases where diagnostic imaging is ambiguous, including the examples below: 2) To help to evaluate a radicular pain generator when physical signs and symptoms differ from that found on imaging studies; 3) To help to determine pain generators when there is evidence of multi-level nerve root compression; 4) To help to determine pain generators when clinical findings are consistent with radiculopathy (e.g., dermatomal distribution) but imaging studies are inconclusive; 5) To help to identify the origin of pain in patients who have had previous spinal surgery. In this instance, the provided documentation does not provide a history of unilateral back pain radiating into the same side buttock. The request for a superior cluneal block stems from a visit dated 4-1-2014. On that date, the focus of the history and exam was on the neck region. There was very little subjectively or objectively to indicate a potential issue with

potential superior cluneal nerve entrapment. Consequently, a superior cluneal block of the lumbar spine is not medically necessary.