

Case Number:	CM15-0135624		
Date Assigned:	07/30/2015	Date of Injury:	01/31/2002
Decision Date:	09/15/2015	UR Denial Date:	06/29/2015
Priority:	Standard	Application Received:	07/14/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 (IW) is a 56 year old female who sustained an industrial injury on 01/31/2002. She reported injury to the neck, mid and low back, right shoulder and arm that was incurred while pulling and lifting Boxes off overhead shelves while twisting to the left and down. The injured worker was diagnosed as having: Cervical radiculopathy; Cervical discogenic spine pain; Degenerated disc disease; cervical: Facet arthropathy; cervical: Sprain-strain lumbar region; Occipital neuralgia. Treatment to date has included medications and medication management, and home exercise. Currently, the injured worker complains of intractable pain over the cervical area and shoulders. She describes the pain as a sharp, dull-aching, throbbing, pins and needles, stabbing, numbness, pressure, burning and spasm. On a good day, her pain rating is an 8 on a scale of 0-10, and her current pain rating is a 9 on a scale of 10. She denies transient paralysis, weakness, paresthesias, seizures, syncope, tremors or vertigo. She complains of depression and anxiety with some memory loss, but denies mental disturbance, suicidal ideation, and hallucinations. On examination, there was paraspinal fullness, severe tightness, and occipital extension. She had severe occipital tenderness, and several trigger points over the trapezius more on the right than the left. On palpation of the nerves over the occiput, the worker experienced pain radiating into the frontal area. Medications include Percocet, Alprazolam, Xanax, Voltaren, Lunesta, Cymbalta, Topamax, Maxalt tablets, and Cyclobenzaprine. Treatment plans are for an epidural steroid injection and a bilateral greater occipital nerve block with fluoroscopic guidance. A request for authorization was made for the following: 1. Epidural steroid injection at C7-T1 with fluoroscopic guidance; 2. Anesthesia; 3. Cervical spine x-ray; 4. Bilateral greater occipital nerve block with fluoroscopic guidance.

IMR ISSUES, DECISIONS AND RATIONALES

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

Epidural steroid injection at C7-T1 with fluoroscopic guidance: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of epidural steroid injections.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cervical ESI Page(s): 46-47.

Decision rationale: Regarding repeat epidural injections, guidelines state that repeat blocks should be based on "continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks," with a general recommendation of no more than 4 blocks per region per year. Within the documentation available for review, there is indication that previous epidural injections have provided significant relief on 7/14, but there is no documentation of functional improvement and reduction in medication use for at least six weeks. In the absence of such documentation, the currently requested repeat epidural steroid injection is not medically necessary.

Anesthesia: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESI Page(s): 46-47.

Decision rationale: In this case, there is controversy over whether IV sedation is medically necessary for this interventional spine procedure. The CA MTUS does not directly address the need for anesthesia, conscious sedation, or local anesthesia only as a separate topic. The CPMTG does address ESI on page 47. Because the epidural steroid injection for the C7-T1 level is not approved, IV sedation with the procedure is not medically necessary.

Cervical spine x-ray: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

Decision rationale: Regarding request for cervical spine x-ray, Occupational Medicine Practice Guidelines state that x-rays should not be recommended in patients with neck pain in the absence of red flags for serious spinal pathology even if the pain has persisted for at least 6 weeks. However, it may be appropriate when the physician believes it would aid in patient management. Guidelines go on to state that subsequent imaging should be based on new symptoms or a change in current symptoms. Within the documentation available for review, it is clear the patient has had substantial imaging already. There is no statement indicating how the patient's symptoms or findings have changed since the time of the most recent imaging.

Additionally, the requesting physician has not stated how his medical decision-making will be changed based upon the outcome of the currently requested cervical x-ray. In the absence of clarity regarding those issues, the currently requested cervical x-ray is not medically necessary.

Bilateral greater occipital nerve block with fluoroscopic guidance: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and upper back.

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 (GONB).

Decision rationale: Regarding the request for bilateral occipital nerve blocks, California MTUS and ACOEM do not contain criteria for this request. ODG states that occipital nerve blocks are under study. Studies on the use of occipital nerve blocks have been conflicting and shown short-term responses at best. Within the documentation available for review, it appears the patient has undergone occipital nerve blocks previously. There is no documentation of objective functional improvement, analgesic response, or duration of efficacy as a result of those injections. In light of the above issues, the currently requested occipital nerve blocks are not medically necessary.