

<b>Case Number:</b>	CM15-0167386		
<b>Date Assigned:</b>	09/08/2015	<b>Date of Injury:</b>	09/23/2003
<b>Decision Date:</b>	10/13/2015	<b>UR Denial Date:</b>	07/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/25/2015

### 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: Massachusetts

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 is a 55 year old male, who sustained an industrial-work injury on 9-23-03. He reported initial complaints of neck pain. The injured worker was diagnosed as having chronic lumbar spinal stenosis, chronic occipital neuralgia, cervical and lumbar degenerative disc disease, chronic myalgia and myositis, cervical spinal stenosis, chronic neck pain, lumbar herniated nucleus pulposus, neuritis due to displacement of lumbar intervertebral disc, chronic cervical spondylosis without myelopathy, and migraine headaches. Treatment to date has included medication, nerve block injections, and diagnostics. MRI results were reported on 10-31-11, 3-2-12, 10-17-12, and 8-20-14. X-Rays results were reported on 2-28-12. Currently, the injured worker complains of persistent pain in the low back, gluteal area, left and right flank, legs, neck, and thighs, as well as radiating pain to the back, arms, and calves. Pain was rated 6 out of 10. Per the primary physician's progress report (PR-2) on 5-20-15, exam noted active range of motion to cervical spine, limited range of motion with pain, moderate crepitus, maximum tenderness, radicular pain, right-left shoulder, bilateral arms, facet, pericervical, periscapular, and trapezius pain. Current plan of care included medication and injection. The requested treatments include one (1) occipital nerve block and one (1) cervical facet joint block.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One (1) occipital nerve block:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Head (trauma, headaches, etc., not including stress & mental disorders), Greater occipital nerve block (GONB) (2) Neck and Upper Back (Acute & Chronic), Greater occipital nerve block, therapeutic.

**Decision rationale:** The claimant has a remote history of a work-related injury in September 2003 and is being treated for neck pain after a motor vehicle accident. Treatments have included greater occipital nerve blocks, which had provided decreased headache frequency from 4 to 2 times per week lasting for 4-6 months. Repeat injections had not provided as much relief. When seen, he was having headaches and arm aching with pins and needles sensations. Physical examination findings included a BMI of over 36. There was cervical spine tenderness and pain with range of motion. Norco, Omeprazole, and Ibuprofen were being prescribed. Authorization was requested for a repeat greater occipital nerve block and cervical medial branch blocks with third occipital block with consideration of medial branch radiofrequency ablation for treatment of cervicogenic headaches. The claimant has poorly controlled diabetes and procedures were not recommended. Guidelines indicate that a greater occipital nerve block may have a role in differentiating between cervicogenic headaches, migraine headaches, and tension-headaches. In this case, the claimant has already had greater occipital nerve blocks and a repeat diagnostic block is not indicated. The use of a therapeutic greater occipital nerve block is under study for treatment of occipital neuralgia and cervicogenic headaches. A therapeutic block is not being requested as no steroids are being used. The requested procedure is not medically necessary.

**One (1) cervical facet joint 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 (ODG).

**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 (Acute & Chronic), Facet joint diagnostic blocks.

**Decision rationale:** The claimant has a remote history of a work-related injury in September 2003 and is being treated for neck pain after a motor vehicle accident. Treatments have included greater occipital nerve blocks which had provided decreased headache frequency from 4 to 2 times per week lasting for 4-6 months. Repeat injections had not provided as much relief. When seen, he was having headaches and arm aching with pins and needles sensations. Physical examination findings included a BMI of over 36. There was cervical spine tenderness and pain with range of motion. Norco, omeprazole, and ibuprofen were being prescribed. Authorization was requested for a repeat greater occipital nerve block and cervical medial branch blocks with third occipital block with consideration of medial branch radiofrequency ablation for treatment of cervicogenic headaches. The claimant has poorly controlled diabetes and steroid procedures were not recommended. Diagnostic facet joint blocks are recommended

with the anticipation that, if successful, treatment may proceed to facet neurotomy at the diagnosed levels. Criteria include patients with cervical pain that is non-radicular after failure of conservative treatment such as physical therapy, non-steroidal anti-inflammatory medication, and a home exercise program. The clinical presentation should be consistent with the signs and symptoms of facet joint pain. In this case, the claimant has headaches with decreased cervical range of motion consistent with upper cervical facet pain. However there are no current physical examination findings such as facet tenderness or positive facet loading that support the procedure being requested which is therefore not considered medically necessary.