

Case Number:	CM15-0168356		
Date Assigned:	09/09/2015	Date of Injury:	03/15/2012
Decision Date:	10/14/2015	UR Denial Date:	08/07/2015
Priority:	Standard	Application Received:	08/27/2015

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

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 36 year old female who sustained a work related injury March 15, 2012. Past treatment included lumbar epidural injection with good relief after the first injection and a flare-up of pain after the second, tried, and failed various medications including; Tramadol, Vicodin, Oxycontin, Gralise, and gabapentin and physical therapy chiropractic therapy and acupuncture. A spinal and orthopedic surgeon noted March 18, 2015; "an MRI of the cervical spine revealed a syrinx at the level of C6-C7 and electrodiagnostic studies revealed right L4 radiculopathy versus femoral neuropathy". Diagnoses are lumbar radiculitis; myofascial pain syndrome (bilateral left greater than right); piriformis syndrome; chronic pain syndrome. According to a most recent primary treating physician's progress report, dated July 16, 2015, the injured worker presented with complaints of worsening chronic low back pain radiating to the bilateral legs, right greater than left. The right is burning and at times she is unable to touch the right lower extremity. She reports her neck pain and headaches have increased and lumbar radiculopathy has increased as well. The burning pain is now at rest, when prior it was present only when lying supine. She is pending a neurosurgeons referral. Physical examination; gait is normal, ambulates without an assisted device; cervical spine multiple myofascial trigger points, tenderness para cervical paravertebral muscles and trapezius, Tinel's positive C6. Treatment plan included to facilitate scheduling of yoga, continue with trial of TENS (transcutaneous electrical nerve stimulation) unit, heat-ice-stretching and medication. At issue, is the request for (1) bilateral occipital nerve block. According to utilization review performed August 7, 2015, the request for (1) bilateral occipital nerve block is non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Bilateral Occipital 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 (ODG) Treatment for Workers Compensation Online Edition 2015 Neck and upper Back Chapter.

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 chapter, under Therapeutic Greater Occipital Nerve Block.

Decision rationale: The patient was injured on 03/15/12 and presents with chronic low back pain with increase lumbar radiculopathy. The request is for 1 BILATERAL OCCIPITAL NERVE BLOCK. The RFA is dated 07/16/15 and the patient can work with restrictions of the following: able to work 3 days/week and 3 hours/day, lifting not to exceed 10 pounds, and must be able to stand/sit as needed. The report with the request is not provided. ODG Neck and Upper back chapter, under Therapeutic Greater Occipital Nerve Block states: "Under study for treatment of occipital neuralgia and cervicogenic headaches. There is little evidence that the block provides sustained relief, and if employed, is best used with concomitant therapy modulations. Current reports of success are limited to small, non-controlled case series. Although short-term improvement has been noted in 50-90% of patients, many studies only report immediate post injection results with no follow-up period. In addition, there is no gold-standard methodology for injection delivery, nor has the timing or frequency of delivery of injections been researched. Limited duration of effect of local anesthetics appears to be one factor that limits treatment and there is little research as to the effect of the addition of corticosteroid to the injectate." The patient has tenderness along the paravertebral muscles of the cervical spine, tenderness at the paracervical muscles and trapezius, and multiple myofascial trigger points. She is diagnosed with lumbar radiculitis, myofascial pain syndrome, piriformis syndrome, chronic pain syndrome, and encounter for long-term use of other medications. The reason for the request is not provided. In this case, such treatments are still under study and not yet supported as a standard therapy. There is lack of firm guideline support for such injections as a therapeutic measure, and the lack of discussion as to whether this injection is being used as a diagnostic tool, the medical necessity cannot be substantiated. Therefore, the request IS NOT medically necessary.