

Case Number:	CM15-0168361		
Date Assigned:	09/09/2015	Date of Injury:	05/02/2013
Decision Date:	10/14/2015	UR Denial Date:	08/10/2015
Priority:	Standard	Application Received:	08/26/2015

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, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative Medicine

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 female who was injured on 5-2-2013. The medical diagnoses include: thoracic and lumbosacral neuritis radiculitis, myofascial tender points, cervical spine sprain, paresthesia, cervical disc disorder, cervical spondylosis, and cervical disc degeneration. The request for authorization is for bilateral occipital nerve block, and pain management evaluation and treatment (medication evaluation). The UR dated 8-10-2015, determination was denial of the request for bilateral occipital nerve block; approval for pain management evaluation; and denial for pain management evaluation and treatment (medication evaluation). Subjective findings include: On 5-20-2015, she reported neck pain rated 9 out of 10 with bilateral shoulder blade pain and tightness. On 6-9-2015 and 6-16-2015, she was seen for planned nerve blocks due to complaints of headaches. She is reported to have been originally scheduled for lumbar epidural steroid injection; however elected to proceed with bilateral greater and lesser occipital nerve blocks. On 7-2-2015, she reported a flare up of neck and back pain that had increased recently leaving her unable to go to work. On 8-10-2015, she was seen for a planned lumbar epidural procedure of the low back. Objective findings include normal range of motion to the bilateral shoulders, tenderness in the thoracic spine area, no neurological weakness, tenderness and spasm in the neck area along with a decreased range of motion. The treating physician noted on 7-2-2015 that she had continued benefit from an occipital nerve block. Diagnostic findings include: The documentation noted x-rays of the cervical spine (5-2-2013) revealing degenerative changes, retrolisthesis, and joint arthrosis and right foraminal stenosis; magnetic resonance imaging of the cervical spine (6-10-2013) revealed straightening of the cervical lordosis, degenerative changes,

anterolisthesis, no central stenosis, and there was foraminal narrowing. Electrodiagnostic studies (9-5-2013) which was within normal limits. Repeat magnetic resonance imaging of the cervical spine is reported to reveal discogenic disease, degenerative anteriolisthesis, and no spinal canal stenosis. A cervical spinal epidural steroid injection (3-19-2015) was reported to have given significant improvement. The treatments to date have included: lumbar epidural (8-10-2015), trigger point injections (3-23-2015) which were noted to have given good relief for 4 weeks, medications (she is noted to prefer not taking medications). Other treatments have included physical therapy, acupuncture and trigger point injections, heat, and ice. Acupuncture is noted to have given significant improvement. The documents note that she attended one physical therapy session, and it was felt she was able to do a home exercise program. Work status: She is noted to be on permanent work restrictions.

IMR ISSUES, DECISIONS AND RATIONALES

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

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), Neck and Upper Back - Greater occipital nerve block, therapeutic.

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 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.

Pain management evaluation and treatment (medication evaluation): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, Chapter 7: Independent Medical Examinations and Consultations, page 127.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Occupational Medicine Practice Guidelines, Independent Medical Examinations and Consultations Chapter, Page 127.

Decision rationale: Regarding the request for referral to Pain management evaluation and treatment (medication evaluation), California MTUS does not address this issue. ACOEM supports consultation if a diagnosis is uncertain or extremely complex, when

psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. Within the documentation available for review, the patient has ongoing pain corroborated by physical exam findings. However, to ask for a treatment to be done by a pain management provider without any specific treatment being requested is too broad of a request and is unable to be stated as being medically necessary. The last reviewer modified the request to allow for an evaluation only. In light of the above issues, the currently requested referral to Pain management evaluation and treatment (medication evaluation) is not medically necessary.