

Case Number:	CM15-0169172		
Date Assigned:	09/09/2015	Date of Injury:	06/20/2014
Decision Date:	10/29/2015	UR Denial Date:	08/21/2015
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: New York
 Certification(s)/Specialty: Internal 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 38 year old male, who sustained an industrial injury on 6-20-14. He reported being assaulted which caused multiple injuries. The injured worker was diagnosed as having closed head injury with post traumatic headaches and cognitive dysfunction, cervical strain, and C3-7 cervical spondylosis. Treatment to date has included medial branch blocks at C3-5 and medication. Physical examination findings on 6-1-15 included tenderness in the paracervical muscles, base of the neck, and base of the skull, trapezius musculature, and interscapular space. Currently, the injured worker complains of headaches and neck pain with radiation to the base of the head rated as 8 of 10. On 7-16-15, the treating physician requested authorization for right cervical facet blocks at C3-4 and C4-5, left cervical facet blocks at C3-4 and C4-5, and a suboccipital nerve block. Regarding cervical facet blocks on 8-1-21-15, the utilization review physician noted, "the available clinical information does not document the failure of aggressive conservative treatment including home exercise and physical therapy prior to the procedure for at least 4-6 weeks." Regarding the suboccipital nerve block, the utilization review physician noted, "the available clinical information does not document conservative treatment that has been tried."

IMR ISSUES, DECISIONS AND RATIONALES

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

Right cervical facet block at C3-4: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines Plus, AGI I Plus 2010; Official Disability Guidelines - Treatment for Workers' Compensation (ODG-TWC) Head.

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Summary, and Low Back Complaints 2004, Section(s): Physical Methods. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back Chapter--Facet joint diagnostic blocks.

Decision rationale: As per MTUS Invasive techniques (e.g., local injections and facet-joint injections of cortisone and lidocaine) are of questionable merit. Although epidural steroid injections may afford short-term improvement in leg pain and sensory deficits in patients with nerve root compression due to a herniated nucleus pulposus, this treatment offers no significant long-term functional benefit, nor does it reduce the need for surgery. Facet joint therapeutic steroid injections are not recommended and are of questionable merit. ODG also do not recommended Intra-articular blocks. No reports from quality studies regarding the effect of intra-articular steroid injections are currently known. There are also no comparative studies between intra-articular blocks and rhizotomy. While not recommended, criteria for use of therapeutic intra-articular blocks, if used anyway: Clinical presentation should be consistent with facet joint pain, signs & symptoms: 1. There should be no evidence of radicular pain, spinal stenosis, or previous fusion. 2. If successful (initial pain relief of 70%, plus pain relief of at least 50% for a duration of at least 6 weeks), the recommendation is to proceed to a medial branch diagnostic block and subsequent neurotomy (if the medial branch block is positive). 3. When performing therapeutic blocks, no more than 2 levels may be blocked at any one time. 4. If prolonged evidence of effectiveness is obtained after at least one therapeutic block, there should be consideration of performing a radiofrequency neurotomy. 5. There should be evidence of a formal plan of rehabilitation in addition to facet joint injection therapy. 6. No more than one therapeutic intra-articular block is recommended. The treating provider's notes do not clearly indicate symptoms and signs consistent with facet joint pain. There are no corroborative imaging studies. Medical records are not clear about failure of conservative measures. The injured worker had recent cervical facet injections without any functional improvement. Based on the currently available information in the submitted medical records, the guidelines are not met; therefore, the medical necessity for right cervical facet block at C3-4 has not been established and therefore is not medically necessary.

Left cervical facet block at C3-4: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines Plus, AGI I Plus 2010; Official Disability Guidelines - Treatment for Workers' Compensation (ODG-TWC) Head.

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Summary, and Low Back Complaints 2004, Section(s): Physical Methods. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back Chapter--Facet joint diagnostic blocks.

Decision rationale: As per MTUS Invasive techniques (e.g., local injections and facet-joint injections of cortisone and lidocaine) are of questionable merit. Although epidural steroid injections may afford short-term improvement in leg pain and sensory deficits in patients with nerve root compression due to a herniated nucleus pulposus, this treatment offers no significant long-term functional benefit, nor does it reduce the need for surgery. Facet joint therapeutic steroid injections are not recommended and are of questionable merit. ODG also do not recommended Intra-articular blocks. No reports from quality studies regarding the effect of intra-articular steroid injections are currently known. There are also no comparative studies between intra-articular blocks and rhizotomy. While not recommended, criteria for use of therapeutic intra-articular blocks, if used anyway: Clinical presentation should be consistent with facet joint pain, signs & symptoms: 1. There should be no evidence of radicular pain, spinal stenosis, or previous fusion. 2. If successful (initial pain relief of 70%, plus pain relief of at least 50% for a duration of at least 6 weeks), the recommendation is to proceed to a medial branch diagnostic block and subsequent neurotomy (if the medial branch block is positive). 3. When performing therapeutic blocks, no more than 2 levels may be blocked at any one time. 4. If prolonged evidence of effectiveness is obtained after at least one therapeutic block, there should be consideration of performing a radiofrequency neurotomy. 5. There should be evidence of a formal plan of rehabilitation in addition to facet joint injection therapy. 6. No more than one therapeutic intra-articular block is recommended. The treating provider's notes do not clearly indicate symptoms and signs consistent with facet joint pain. There are no corroborative imaging studies. Medical records are not clear about failure of conservative measures. The injured worker had recent cervical facet injections without any functional improvement. Based on the currently available information in the submitted medical records, the guidelines are not met therefore the medical necessity for left cervical facet block at C3-4 has not been established and therefore is not medically necessary.

Right cervical facet block at C4-5: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines Plus, AGI I Plus 2010; Official Disability Guidelines - Treatment for Workers' Compensation (ODG-TWC) Head.

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Summary, and Low Back Complaints 2004, Section(s): Physical Methods. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back Chapter--Facet joint diagnostic blocks.

Decision rationale: As per MTUS Invasive techniques (e.g., local injections and facet-joint injections of cortisone and lidocaine) are of questionable merit. Although epidural steroid injections may afford short-term improvement in leg pain and sensory deficits in patients with

nerve root compression due to a herniated nucleus pulposus, this treatment offers no significant long term functional benefit, nor does it reduce the need for surgery. Facet joint therapeutic steroid injections are not recommended and are of questionable merit. ODG also do not recommend Intra-articular blocks. No reports from quality studies regarding the effect of intra-articular steroid injections are currently known. There are also no comparative studies between intra-articular blocks and rhizotomy. While not recommended, criteria for use of therapeutic intra-articular blocks, if used anyway: Clinical presentation should be consistent with facet joint pain, signs & symptoms. 1. There should be no evidence of radicular pain, spinal stenosis, or previous fusion. 2. If successful (initial pain relief of 70%, plus pain relief of at least 50% for a duration of at least 6 weeks), the recommendation is to proceed to a medial branch diagnostic block and subsequent neurotomy (if the medial branch block is positive). 3. When performing therapeutic blocks, no more than 2 levels may be blocked at any one time. 4. If prolonged evidence of effectiveness is obtained after at least one therapeutic block, there should be consideration of performing a radiofrequency neurotomy. 5. There should be evidence of a formal plan of rehabilitation in addition to facet joint injection therapy. 6. No more than one therapeutic intra-articular block is recommended. The treating provider's notes do not clearly indicate symptoms and signs consistent with facet joint pain. There are no corroborative imaging studies. Medical records are not clear about failure of conservative measures. The injured worker had recent cervical facet injections without any functional improvement. Based on the currently available information in the submitted medical records, the guidelines are not met, therefore, the medical necessity for right cervical facet block at C4-5 has not been established and therefore is not medically necessary.

Left cervical facet block at C4-5: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines Plus, AGI I Plus 2010; Official Disability Guidelines - Treatment for Workers' Compensation (ODG-TWC) Head.

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Summary, and Low Back Complaints 2004, Section(s): Physical Methods. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back Chapter--Facet joint diagnostic blocks.

Decision rationale: As per MTUS Invasive techniques (e.g., local injections and facet-joint injections of cortisone and lidocaine) are of questionable merit. Although epidural steroid injections may afford short-term improvement in leg pain and sensory deficits in patients with nerve root compression due to a herniated nucleus pulposus, this treatment offers no significant long term functional benefit, nor does it reduce the need for surgery. Facet joint therapeutic steroid injections are not recommended and are of questionable merit. ODG also do not recommend Intra-articular blocks. No reports from quality studies regarding the effect of intra-articular steroid injections are currently known. There are also no comparative studies between intra-articular blocks and rhizotomy. While not recommended, criteria for use of therapeutic intra-articular blocks, if used anyway: Clinical presentation should be consistent with facet joint pain, signs & symptoms. 1. There should be no evidence of radicular pain, spinal stenosis, or

previous fusion. 2. If successful (initial pain relief of 70%, plus pain relief of at least 50% for a duration of at least 6 weeks), the recommendation is to proceed to a medial branch diagnostic block and subsequent neurotomy (if the medial branch block is positive). 3. When performing therapeutic blocks, no more than 2 levels may be blocked at any one time. 4. If prolonged evidence of effectiveness is obtained after at least one therapeutic block, there should be consideration of performing a radiofrequency neurotomy. 5. There should be evidence of a formal plan of rehabilitation in addition to facet joint injection therapy. 6. No more than one therapeutic intra-articular block is recommended. The treating provider's notes do not clearly indicate symptoms and signs consistent with facet joint pain. There are no corroborative imaging studies. Medical records are not clear about failure of conservative measures. The injured worker had recent cervical facet injections without any functional improvement. Based on the currently available information in the submitted medical records, the guidelines are not met therefore, the medical necessity for left cervical facet block at C4-5 has not been established and therefore is not medically necessary.

Suboccipital nerve block: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines Plus, AGI I Plus 2010; Official Disability Guidelines - Treatment for Workers' Compensation (ODG-TWC) Head.

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: As per Official Disability Guidelines (ODG) Greater occipital nerve block (GONB) is under study for use in treatment of primary headaches. Studies on the use of greater occipital nerve block (GONB) for treatment of migraine and cluster headaches show conflicting results, and when positive, have found response limited to a short-term duration. The mechanism of action is not understood, nor is there a standardized method of the use of this modality for treatment of primary headaches. A recent study has shown that GONB is not effective for treatment of chronic tension headache. The block may have a role in differentiating between cervicogenic headaches, migraine headaches, and tension-headaches. The injured worker is diagnosed with post traumatic headaches and cognitive dysfunction. Review of submitted medical records does not provide clear rationale to support the appropriateness of Suboccipital nerve block in this injured worker. Based on the guidelines and submitted medical records the requested treatment: Suboccipital nerve block is not medically necessary and appropriate.