

<b>Case Number:</b>	CM15-0205125		
<b>Date Assigned:</b>	10/22/2015	<b>Date of Injury:</b>	03/22/2013
<b>Decision Date:</b>	12/08/2015	<b>UR Denial Date:</b>	10/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/19/2015

### 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: Indiana, Michigan, California  
 Certification(s)/Specialty: Family Practice

### 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 58 year old male who experienced a work related injury on March 22, 2013. Diagnoses include cervical disc displacement, brachial neuritis, occipital neuralgia, cervicgia, cervical radiculitis and cervical radiculopathy. Diagnostics have involved a cervical MRI on January 28, 2015 revealing disc protrusions and foraminal stenosis and a nerve conduction study and electromyography showing bilateral carpal tunnel syndrome and C5-C6 radiculopathy respectively. Treatment has been comprised of medications, physical therapy, TENS unit and cervical epidural injection. Request is for cervical epidural transforaminal steroid injection of C3-C4 and Occipital nerve block.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cervical epidural transforaminal steroid injection of C3-C4, outpatient:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

**Decision rationale:** Epidural steroid injections (ESI) per MTUS Guidelines are recommended as an option for the treatment of radicular pain. Specific criteria for ESI are listed on page 46. In this case, documentation of radiculopathy exists and there is evidence of radiculopathy on electromyography. Cervical MRI reveals multiple disc protrusions and foraminal stenosis. Clinical findings are consistent with neck pain with radicular symptoms and dermatome abnormalities. Based on the MTUS Guidelines, the request for Epidural steroid injection is medically necessary and appropriate.

**Occipital nerve block, outpatient:** 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 & 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) Neck and upper back Greater Occipital nerve block, therapeutic.

**Decision rationale:** The injured worker suffers from cervicgia and occipital neuralgia and experiences nearly daily headaches. Treatment thus far has included physical therapy, TENS and medications which have provided some relief. In regards to Occipital nerve blocks, ODG states that there is little evidence that the block provides sustained relief and that greater occipital nerve blocks are currently under study for use in treating occipital neuralgia and cervicogenic headaches. At this time, with the information from current guidelines and the lack of supportive data, the request for occipital nerve block is not medically necessary or appropriate.