

Case Number:	CM15-0213888		
Date Assigned:	11/03/2015	Date of Injury:	07/18/2014
Decision Date:	12/29/2015	UR Denial Date:	10/14/2015
Priority:	Standard	Application Received:	10/29/2015

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 40-year-old male who sustained an industrial injury on 7-18-2014 and has been treated for cervicogenic headaches, bilateral occipital neuralgia, cervical facet arthropathy, and cervical sprain and strain. A cervical MRI was performed 11-22-2014 showing disc protrusion at C3-5. On 9-14-2015 the injured worker reported 9 out of 10 pain in his neck, stated to be sharp and it increases while working due to "bouncing." He has headaches including sensitivity to light and sound. Objective findings include tenderness on palpation over the trapezius musculature, cervical paraspinal muscles and over both mastoid processes. The mastoid process on the left was noted to radiate out to the frontal area. Cervical facet stress test was positive, and sensation was intact to light touch. Documented treatment includes an unspecified amount of acupuncture treatments which was helpful but "not sustained." Topamax is stated to help "take the edge off" of headaches, and he uses Celebrex. He is presently not in an "active therapy" and working full duty. During the 4-27-2015 visit note, the physician had stated that the injured worker would benefit from bilateral occipital nerve blocks under ultrasound to address occipital neuralgia and include concomitant trigger point injections to "help release" the trigger points and muscle straining. There was no indication in the provided records that the injured worker has received nerve blocks in the past. This was denied, and the physician is subsequently requesting a bilateral occipital nerve block under ultrasound guidance, but this was non-certified 10-14-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Bilateral Occipital Nerve Blocks under Ultrasound guidance: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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: Based on the 09/14/15 progress report provided by treating physician, the patient presents with neck pain rated 9/10 and headaches. The request is for 1 BILATERAL OCCIPITAL NERVE BLOCKS UNDER ULTRASOUND GUIDANCE. RFA with the request not provided. Patient's diagnosis on 09/14/15 includes cervicogenic headaches, bilateral occipital neuralgia, cervical facet arthropathy, and cervical sprain and strain. Physical examination on 09/14/15 revealed tenderness to palpation over the trapezius musculature, cervical paraspinal muscles and mastoid processes. Positive cervical facet stress test. Treatment to date has included imaging studies, acupuncture, home exercise program and medications. Patient's medications include Celebrex and Topamax. The patient is working full-duty, per 09/14/15 report. 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." Per 04/27/15 report, treater states "I would like to request for bilateral occipital nerve blocks under ultrasound to address occipital neuralgia and in addition would be also doing concomitant trigger point injections to help release the trigger points and muscle straining of the cervical paraspinal muscles." However, such treatments are still under study and not yet supported as standard therapy; and there is lack of firm guideline support for such injections as a therapeutic measure. Therefore, the request IS NOT medically necessary.

Bilateral cervical medial branch blocks at levels of C3, C4, and C5: Overturned

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Initial Care. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute & Chronic) Chapter, under Facet joint diagnostic blocks.

Decision rationale: Based on the 09/14/15 progress report provided by treating physician, the patient presents with neck pain rated 9/10 and headaches. The request is for BILATERAL CERVICAL MEDIAL BRANCH BLOCKS AT LEVELS OF C3, C4, AND C5. RFA with the request not provided. Patient's diagnosis on 09/14/15 includes cervicogenic headaches, bilateral occipital neuralgia, cervical facet arthropathy, and cervical sprain and strain. Treatment to date has included imaging studies, acupuncture, home exercise program, and medications. Patient's medications include Celebrex and Topamax. The patient is working full-duty, per 09/14/15 report. MTUS/ACOEM Neck Complaints, Chapter 8, page 174-175, under Initial Care states: for Invasive techniques (e.g., needle acupuncture and injection procedures, such as injection of trigger points, facet joints, or corticosteroids, lidocaine, or opioids in the epidural space) have no proven benefit in treating acute neck and upper back symptoms. However, many pain physicians believe that diagnostic and/or therapeutic injections may help patients presenting in the transitional phase between acute and chronic pain. ODG-TWC, Neck and Upper Back (Acute & Chronic) Chapter, under Facet joint diagnostic blocks states: Recommended prior to facet neurotomy (a procedure that is considered under study). Diagnostic blocks are performed with the anticipation that if successful, treatment may proceed to facet neurotomy at the diagnosed levels. Current research indicates that a minimum of one diagnostic block be performed prior to a neurotomy, and that this be a medial branch block (MBB). Criteria for the use of diagnostic blocks for facet nerve pain: Clinical presentation should be consistent with facet joint pain, signs & symptoms. 1. One set of diagnostic medial branch blocks is required with a response of 70%. The pain response should be approximately 2 hours for Lidocaine. 2. Limited to patients with cervical pain that is non-radicular and at no more than two levels bilaterally. 3. There is documentation of failure of conservative treatment (including home exercise, PT and NSAIDs) prior to the procedure for at least 4-6 weeks. 4. No more than 2 joint levels are injected in one session (see above for medial branch block levels). For facet joint pain signs and symptoms, the ODG guidelines state that physical examination findings are generally described as: "1) axial pain, either with no radiation or severely past the shoulders; 2) tenderness to palpation in the paravertebral areas, over the facet region; 3) decreased range of motion, particularly with extension and rotation; and 4) absence of radicular and/or neurologic findings." Treater states in 09/14/15 report "I would like to request for bilateral cervical medial branch block at C3, C4 and C5 both to help [the patient] with the neck pain and his headaches." Physical examination on 09/14/15 revealed tenderness to palpation over the trapezius musculature, cervical paraspinal muscles and mastoid processes. Positive cervical facet stress test. No evidence of radiating pain to the upper extremities on cervical motion. In this case, the patient presents with facet joint pain with no radiation and documentation of failed treatments. There is no indication of prior injections for the cervical spine. This request appears reasonable and in accordance with guidelines. Therefore, the request IS medically necessary.

6 Acupuncture therapy sessions for cervical spine: Overturned

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment 2007.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: Based on the 09/14/15 progress report provided by treating physician, the patient presents with neck pain rated 9/10 and headaches. The request is for 6 ACUPUNCTURE

THERAPY SESSIONS FOR CERVICAL SPINE. RFA with the request not provided. Patient's diagnosis on 09/14/15 includes cervicogenic headaches, bilateral occipital neuralgia, cervical facet arthropathy, and cervical sprain and strain. Physical examination on 09/14/15 revealed tenderness to palpation over the trapezius musculature, cervical paraspinal muscles and mastoid processes. Positive cervical facet stress test. Treatment to date has included imaging studies, home exercise program, acupuncture and medications. Patient's medications include Celebrex and Topamax. The patient is working full-duty, per 09/14/15 report. 9792.24.1. Acupuncture Medical Treatment Guidelines. MTUS pg. 13 of 127 states: "(i) Time to produce functional improvement: 3 to 6 treatments. (ii) Frequency: 1 to 3 times per week. (iii) Optimum duration: 1 to 2 months. (D) Acupuncture treatments may be extended if functional improvement is documented as defined in Section 9792.20(e)." Treater states the patient "will start acupuncture treatment soon," per 08/10/15 report. The patient has been authorized for 6 visits and attended 3 visits, per 08/25/15 acupuncture progress report. Per 09/14/15 report, treater states the patient "had been to acupuncture treatment, which he felt was helpful, but it was not sustained. I would like to request for further acupuncture until we can do the cervical medial branch block. This will be two times a week for three weeks." In this case, treater has documented benefit from therapy and the patient continues to work full-duty with no restrictions, which indicates a high level of function. The request for additional 6 sessions of acupuncture appears reasonable and in accordance with guidelines. Therefore, the request IS medically necessary.