

Case Number:	CM15-0058650		
Date Assigned:	04/03/2015	Date of Injury:	07/08/1996
Decision Date:	05/04/2015	UR Denial Date:	03/02/2015
Priority:	Standard	Application Received:	03/27/2015

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 59 year old male, who sustained an industrial injury on July 8, 1996. The injured worker was diagnosed as having degeneration of cervical intervertebral disc, lumbar disc displacement, cervical disc displacement, cervical radiculitis, postlaminectomy syndrome of the lumbar region, lumbar radiculopathy, low back pain, and occipital neuralgia. Treatment to date has included epidural steroid injection (ESI), ice/heat, cervical MRI, and medication. Currently, the injured worker complains of pain in the neck and left shoulder radiating into the left shoulder and left arm, with paresthesia of the hand, numbness and weakness in the arm, and headaches. The Secondary Treating Physician's report dated January 28, 2015, noted a new MRI showed a right foraminal stenosis at C5-C6. The injured worker was reported to have more than 50% improvement in the right shoulder radiated pain with an epidural. The injured worker complained of severe pain in the left side of the neck with left sided headache, having been diagnosed with occipital neuralgia. An electromyography (EMG)/nerve conduction velocity (NCV) was noted to show C7 radiculopathy. Examination of the cervical spine was noted to show 2++ tenderness to palpation over the left occipital nerve block, with tenderness to palpation in the trapezial region, and cervical range of motion (ROM) restricted. Range of motion (ROM) of the spine was noted to be limited due to pain with sensation to light touch decreased on the left in the lateral thigh and diminished over the C5, C6, and C7 dermatomes. The treatment plan was noted to include medications including Prilosec, Soma, Motrin, and Norco, and request for authorization of a left occipital nerve block.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Left 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, Neck and Upper Back (acute & chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 175 and 181.

Decision rationale: Guidelines state Occipital Nerve Block is considered under study for use in treatment of primary headaches as studies show conflicting results, and when positive, have found response limited to a short-term duration. Additionally, Facet joint radiofrequency neurotomy is not recommended for cervicogenic headaches as recent randomized controlled trial although noted some improvement at 3 months; however, found no difference in outcome at 24 months from the sham control group. In this case, submitted reports have not demonstrated objective clinical findings of pain relief in terms of reduction in opioid prescription dosage and medical utilization or an increase in ADLs and function for greater than 50% sustained for at least 6 months duration from the previous occipital nerve block rendered. Criteria for diagnostic blocks also include documented failed conservative treatment trial without evidence of radicular findings not met here with continued radiating pain without associated numbness. The patient had undergone previous blocks; however, without demonstrated specific functional benefit. Additionally, Occipital nerve block is not indicated as guidelines note Facet joint radiofrequency neurotomy/ablation has conflicting evidence of efficacy and is considered under study without clear benefit or functional improvement. The 1 Left Occipital Nerve Block is not medically necessary and appropriate.

1 Monitored Anesthesia: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 175 and 181.

Decision rationale: Please see rationale #1. As the 1 Left Occipital Nerve Block is not medically necessary and appropriate; thereby, the 1 Monitored Anesthesia is not medically necessary and appropriate.

1 Epidurography: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 175 and 181.

Decision rationale: Please see rationale #1. As the 1 Left Occipital Nerve Block is not medically necessary and appropriate; thereby, the 1 Epidurography is not medically necessary and appropriate.