

<b>Case Number:</b>	CM15-0084421		
<b>Date Assigned:</b>	05/06/2015	<b>Date of Injury:</b>	04/08/2013
<b>Decision Date:</b>	08/31/2015	<b>UR Denial Date:</b>	04/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/01/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 51 year old female, who sustained an industrial injury on April 08, 2013. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. The injured worker was diagnosed as having degenerative disc disease of the cervical spine and herniated cervical disc. Treatment and diagnostic studies to date has included x-ray of the cervical spine, status post cervical spine surgery, and medication regimen. In a progress note dated February 11, 2015 the treating physician reports continued complaints of pain to the left arm and neck along with headaches and paresthesias to the left hand including the third and fourth fingers. Examination reveals decreased range of motion to the cervical spine with pain, tenderness the cervical paravertebral muscles with the left greater than the right, decreased strength to the bilateral grip, decreased sensation to the left wrist, decreased sensation to the left middle finger, and positive Tinel's sign on the left. The treating physician noted an x-ray of the cervical spine with an unknown date that was unremarkable for any abnormal findings. The treating physician requested left suboccipital injection noting that an intermuscular injection of corticosteroids was administered to the injured worker due to myofascial pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Sub-occipital injection, left:** 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 Chapter.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Trigger point injections, 122. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Head (trauma, headaches, etc., not including stress & mental disorders), Greater occipital nerve block (GONB) (2) Neck and Upper Back (Acute & Chronic), Facet joint diagnostic blocks.

**Decision rationale:** The claimant sustained a work-related injury in April 2013 and is being treated for radiating neck pain into the left upper extremity and headaches. She underwent a two level anterior cervical decompression and fusion in September 2014. When seen, there was decreased cervical range of motion with left cervical tenderness. Left cervical selective nerve-root blocks and a left sub-occipital nerve injection under fluoroscopy are being requested. In this case, the request is unclear as to whether a trigger point injection, greater occipital nerve block, or third occipital nerve block is being requested. There is no documented twitch response or referred pain in a greater occipital nerve distribution and therefore the medically necessary of a trigger point injection or greater occipital nerve block is not supported. There are no physical examination findings of cervical facet pain and if a third occipital nerve block is being requested, a single level block would not be adequate diagnostically. The request cannot be accepted as being medically necessary.