

<b>Case Number:</b>	CM14-0116239		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	01/28/2002
<b>Decision Date:</b>	10/16/2014	<b>UR Denial Date:</b>	07/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/23/2014

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation has a subspecialty in Pain Medicine and is licensed to practice in Massachusetts. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 claimant has a history of a work injury occurring on 01/28/02 while working for a trucking company. He was seen by the requesting provider on 01/17/14 with neck and low back pain. Physical examination findings included right upper extremity paresthesias. Imaging results were reviewed with an MRI of the cervical spine referenced as showing multilevel disc bulging. MS Contin, Norco, were prescribed and a greater occipital nerve block was planned and was done on 03/12/14. The procedure note documents two separate injection each with 20 mg of Kenalog and 0.25% Marcaine with a volume of 6 cc. In follow-up on 03/13/14 there had been a nearly 100% improvement in neck and face pain since the injection. The note references the claimant as feeling excellent. Recommendations included continued monitoring for possible benefit from the steroid use during the injection. There was consideration of a radiofrequency ablation procedure. On 04/25/14 he had a continued decrease in the neck and face symptoms. There had been improvement in headaches. He was having ongoing upper extremity symptoms. Recommendations included a cervical spine MRI and cervical spine epidural injections. A cervical collar was provided. On 06/20/14 he was having neck and arm pain and headaches. There had been pain relief after the occipital block lasting for three months which had gradually returned. He was also having upper extremity pain and weakness. Physical examination findings included decreased right upper extremity sensation. There was tenderness at the base of the skull and over the entire cervical muscular musculature. He had bilateral trapezius muscle spasms. There was severely decreased range of motion with a positive right Spurling's sign. Recommendations included a peripheral nerve stimulator and psychiatric consult for clearance. MS Contin and Norco were refilled.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 greater occipital nerves block injection: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head

**Decision rationale:** Guidelines indicate that a greater occipital nerve block may have a role in differentiating between cervicogenic headaches, migraine headaches, and tension-headaches. In this case, the injection that was done was for neck and face pain. A large volume injection was performed which would not be considered diagnostic in terms of differentiating between different headache or other pain conditions. As such, the request is not medically necessary.

**1 psychiatric consultation prior to stimulator trial: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Spinal cord stimulators (SCS)

**Decision rationale:** Indications for consideration of stimulator implantation include failed back syndrome, CRPS, post amputation pain, post herpetic neuralgia, spinal cord injury dysesthesias, pain associated with multiple sclerosis, peripheral vascular disease, and in the treatment of angina. The injured worker does not have any of these conditions and therefore implantation of a stimulator is not medically necessary. Therefore, neither a stimulator trial nor the requested psychiatric consultation is medically necessary.

**1 peripheral nerve stimulator trial: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Spinal cord stimulators (SCS)

**Decision rationale:** This request is for a stimulator trial prior to consideration of an implantable stimulator. Indications for consideration of stimulator implantation include failed back syndrome, CRPS, post amputation pain, post herpetic neuralgia, spinal cord injury dysesthesias, pain associated with multiple sclerosis, peripheral vascular disease, and in the treatment of

angina. The injured worker does not have any of these conditions and therefore implantation of a stimulator is not medically necessary. Therefore, a stimulator trial is not medically necessary.