MAXIMUS Federal Services

Case Number:	CM14-0151283		
Date Assigned:	09/19/2014	Date of Injury:	10/05/2010
Decision Date:	10/20/2014	UR Denial Date:	09/12/2014
Priority:	Standard	Application Received:	09/17/2014

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 Occupational Medicine and is licensed to practice in California. 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:

This is a 54 year old female with a 10/5/2010 date of injury. The exact mechanism of the original injury was not clearly described. A progress reported dated 7/24/14 noted subjective complaints of neck pain radiating down bilateral upper extremities and ongoing occipital headaches. Objective findings included tenderness in bilateral occipital regions, decreased cervical spine range of motion (ROM), and diminished sensation in the C4-6 dermatomes. The motor exam shows decreased strength. Magnetic resonance imaging (MRI) cervical spine 12/13/10 showed no evidence of foraminal narrowing at any level. Electromyography (EMG) of bilateral upper extremities 12/10/10 was normal. Diagnostic Impression: cervical disc degeneration, cervical radiculopathy. Treatment to Date: medication management, home exerciseA UR decision dated 9/12/14 denied the request for cervical epidural steroid injection bilaterally at C5-C7. It also denied bilateral occipital nerve block. There were no rationales provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

One Cervical Epidural Steroid Injection (ESI) Bilaterally at C5-C7: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the Use of Epidural Steroid Injections.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46. Decision based on Non-MTUS Citation AMA Guides (Radiculopathy).

Decision rationale: CA MTUS supports epidural steroid injections in patients with radicular pain that has been unresponsive to initial conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In addition, no more than two nerve root levels should be injected using transforaminal blocks, and no more than one interlaminar level should be injected at one session. Furthermore, CA MTUS states that "repeat blocks should only be offered if at least 50% pain relief with associated reduction of medication use for six to eight weeks was observed following previous injection." However, while there is a clinical diagnosis of cervical radiculopathy and some sensory and motor abnormalities noted on examination, there are no MRI or electrodiagnostic findings to substantiate the diagnosis of cervical radiculopathy. Specifically, there is no neural foraminal narrowing or spinal stenosis. EMG bilateral upper extremities were normal as well. There is no documentation of failure of conservative measures such as physical therapy. Therefore, the request for One Cervical Epidural Steroid Injection (ESI) Bilaterally at C5-C7 is not medically necessary.

One Bilateral 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 (ODG), Neck and Upper Back (Acute & Chronic) Chapter.

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

Decision rationale: CA MTUS does not specifically address occipital nerve blocks. ODG states that "greater occipital nerve injection is under study for treatment of occipital neuralgia and cervicogenic headaches and there is little evidence that the block provides sustained relief." There is no good evidence that this treatment modality results in any lasting benefit. Therefore, the request for One Bilateral Occipital Nerve Block is not medically necessary.