

<b>Case Number:</b>	CM14-0160324		
<b>Date Assigned:</b>	10/03/2014	<b>Date of Injury:</b>	09/01/2013
<b>Decision Date:</b>	11/06/2014	<b>UR Denial Date:</b>	09/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/29/2014

### 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 Ohio and Texas. 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 injured worker is a 46-year-old male who reported an injury on 09/01/2013. The mechanism of injury was not submitted for review. The injured worker has a diagnosis of neck pain. Past medical treatment consists of a home exercise program which consists stretching, strengthening and stabilization exercises, heat and ice packs as needed, and medication therapy. Medications include ibuprofen, Soma, Norco, Centrum, vitamin D3, Crestor, and Diovan. On 04/26/2014, the injured worker underwent an MRI of the cervical spine without contrast. Findings revealed normal cervical MRI. No disc bulging, facet pathology, foraminal or canal stenosis. On 09/24/2012, the injured worker complained of neck pain. Examination of the cervical spine revealed that the injured worker was tender over the articular pillars on the left at C2-3, 3-4, and 4-5. There was no tenderness over the spinous process. Range of motion revealed normal in flexion. There was pain with rotational torsion in a clockwise fashion. Rotational torsion of the affected facet joints result in provocation of concordant pain. Lhermitte's sign, Spurling's to the right and left were negative. The provider feels that cervical medial branch blocks are indicated in patients with persistent and disabling axial neck pain or cervicogenic headaches who have failed to respond to conservative medical modalities of treatment. The Request for Authorization form was not submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left Greater Occipital Nerve UTZ 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 (ODG), Neck & Upper Back Chapter regarding greater occipital nerve blocks

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

**Decision rationale:** The request for left greater occipital nerve injection is not medically necessary. The ODG state that GONB are under study for use in treatment of primary headaches. Studies on the use of greater occipital nerve block for treatment of migraine and cluster headaches show conflicting results, and when positive, have found response limited to short term duration. The mechanism of injury of action is not understood, nor is there a standardized method of the use of this modality for treatment of primary headaches. A recent study has shown that GONB is not effective for treatment of chronic tension headache. The block may have a role in differentiating between cervicogenic headaches, migraine headaches, and tension headaches. It was noted in the submitted documentation that the injured worker had a diagnosis of cervicogenic headaches. However, according to ODG, GONB are still under study. Given the above mechanism of action is not understood, and the provider did not include a rationale as to how he felt greater occipital nerve injections would help the injured worker, the request is not medically necessary.

**TENS Unit:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy (TENs) Page(s): 116.

**Decision rationale:** The request for a TENS unit is not medically necessary. The California MTUS Guidelines do not recommend a TENS unit as a primary treatment modality. A 1 month home based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence based functional restoration. The results of studies are inconclusive, the published trials do not provide information on the stimulation parameters which are most likely to provide optimum pain relief, nor do they answer questions about long term effectiveness. There was a lack of documentation indicating significant deficits upon physical examination. There was also a lack of efficacy of the injured worker's previous course of conservative care. It was unclear if the injured worker had undergone an adequate TENS trial. The request also is unclear as to whether the injured worker needed to rent or purchase the TENS unit. Additionally, the request as submitted did not specify the location at which the TENS unit would be used. Given the above, the injured worker is not within the MTUS recommended guidelines. As such, the request is not medically necessary.

**Left C2-3 medial branch block:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back Chapter

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back, Facet Joint Diagnostic Block

**Decision rationale:** The request for a left C2-3 medial branch block is not medically necessary. The CA MTUS/ACOEM Guidelines state invasive techniques have no proven benefit for treating acute neck and upper back symptoms. The Official Disability Guidelines further state that diagnostic blocks are performed with anticipation that if successful, treatment may proceed to a facet neurotomy at the diagnosed levels. The criteria for use of a diagnostic block is limited to injured workers with cervical pain that is not radicular, no more than 2 joint levels are injected in on session, and failure of conservative treatment to include home exercise, PT, and NSAIDs prior to the procedure for at least 4 to 6 weeks. The injured worker did complain of neck pain, and there was tenderness to palpation over the cervical spine. It was also noted that the injured worker had a Spurling's sign negative bilaterally. However, there was no indication of significant motor strength or sensation deficits. The provider's request of cervical medial branch blocks for the C2-3, C3-4, and C4-5 exceed the guideline recommendations of no more than 2 joint level injections in 1 session. Given the above, the injured worker is not within the recommended guideline criteria. As such, the request is not medically necessary.

**Left C3-4 medial branch block:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back Chapter

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173.

**Decision rationale:** The request for a left C3-4 medial branch block is not medically necessary. The CA MTUS/ACOEM Guidelines state invasive techniques have no proven benefit for treating acute neck and upper back symptoms. The Official Disability Guidelines further state that diagnostic blocks are performed with anticipation that if successful, treatment may proceed to a facet neurotomy at the diagnosed levels. The criteria for use of a diagnostic block is limited to injured workers with cervical pain that is not radicular, no more than 2 joint levels are injected in on session, and failure of conservative treatment to include home exercise, PT, and NSAIDs prior to the procedure for at least 4 to 6 weeks. The injured worker did state to have complain of neck pain, and there was tenderness to palpation over the cervical spine. It was also noted that the injured worker had a Spurling's sign negative bilaterally. However, there was no indication of significant motor strength or sensation deficits. The provider's request of cervical medial branch blocks for the C2-3, C3-4, and C4-5 exceed the guideline recommendations of no more

than 2 joint level injections in 1 session. Given the above, the injured worker is not within the recommended guideline criteria. As such, the request is not medically necessary.

**Left C4-5 medial branch block:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back Chapter

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173.

**Decision rationale:** The request for a left C4-5 medial branch block is not medically necessary. The CA MTUS/ACOEM Guidelines state invasive techniques have no proven benefit for treating acute neck and upper back symptoms. The Official Disability Guidelines further state that diagnostic blocks are performed with anticipation that if successful, treatment may proceed to a facet neurotomy at the diagnosed levels. The criteria for use of a diagnostic block is limited to injured workers with cervical pain that is not radicular, no more than 2 joint levels are injected in on session, and failure of conservative treatment to include home exercise, PT, and NSAIDs prior to the procedure for at least 4 to 6 weeks. The injured worker did state to have complained of neck pain, and there was tenderness to palpation over the cervical spine. It was also noted that the injured worker had a Spurling's sign negative bilaterally. However, there was no indication of significant motor strength or sensation deficits. The provider's request of cervical medial branch blocks for the C2-3, C3-4, and C4-5 exceed the guideline recommendations of no more than 2 joint level injections in 1 session. Given the above, the injured worker is not within the recommended guideline criteria. As such, the request is not medically necessary.