

Case Number:	CM15-0011579		
Date Assigned:	01/29/2015	Date of Injury:	08/14/2013
Decision Date:	03/25/2015	UR Denial Date:	12/30/2014
Priority:	Standard	Application Received:	01/21/2015

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 55 year old male, who sustained an industrial injury on 8/14/13. He has reported back and neck pain. The diagnoses have included cervical sprain/strain, thoracic sprain/strain and right knee sprain/strain. Treatment to date has included oral pain medications. (MRI) magnetic resonance imaging of right knee was performed on 1/6/14 which revealed oblique tear of medial meniscus body, partial thickness tear of the anterior cruciate ligament, loose bodies versus foci associated with synovial chondroplasia posterior to the tibiofemoral joint, tricompartmental chondromalacia, mucoid degeneration of the lateral meniscus and mild medial displacement of the patella. (MRI) magnetic resonance imaging of cervical spine performed on 1/4/14 revealed multi-level disc disease with disc protrusions that abut the thecal sac. Combined with facet and uncinated arthropathy, there is bilateral neuro foraminal narrowing. (MRI) magnetic resonance imaging of the thoracic spine revealed multi-level disc disease with central focal disc protrusions that abut the thecal sac. Currently, the injured worker complains of sharp pain of cervical spine, thoracic spine, right knee and loss of sleep due to pain. Per the physical exam of 12/4/14, there was tenderness and spasm to palpation of the thoracic paravertebral muscles, tenderness and spasm to palpation of the thoracic paravertebral muscles and range of motion to lumbar spine is decreased and painful. On 12/30/14 Utilization Review non-certified bilateral optical nerve injection series and thoracic epidural steroid injection T5-6, noting the sensory exam for the occipital nerve is missing. The MTUS, ACOEM Guidelines, was cited. On 1/2/15, the injured worker submitted an application for IMR for review of bilateral optical nerve injection series and thoracic epidural steroid injection T5-6.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral Occipital Nerve Injections series: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Head chapter for Greater occipital nerve block

Decision rationale: This patient presents with headaches, neck, upper and midback pain. The treater is requesting BILATERAL OCCIPITAL NERVE INJECTION SERIES. The RFA dated 07/24/2014 shows a request for bilateral occipital nerve injection. The patient's date of injury is from 08/14/2013 and his current work status is off work. The ODG-TWC guidelines, Head chapter for Greater occipital nerve block GONB: "Under study for use in treatment of primary headaches. Studies on the use of greater occipital nerve block GONB for treatment of migraine and cluster headaches show conflicting results, and when positive, have found response limited to a short-term duration." The 09/18/2014 report shows that the patient received previous injections for his headaches and he states, "No headaches for 2 weeks. The headaches then returned but with less intensity and frequency." The patient does have a diagnosis of occipital neuralgia. In this case, the ODG Guidelines state occipital injections are under study. The request IS NOT medically necessary.

Thoracic Epidural Steroid Injections T5-T6: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESI Page(s): 46-47.

Decision rationale: This patient presents with headaches, neck, upper and midback pain. The treater is requesting thoracic epidural steroid injection T5-T6. The RFA dated 07/24/2014 shows a request for thoracic epidural steroid injections T5-T6. The patient's date of injury is from 08/14/2013 and his current work status is off work. The MTUS Guidelines page 46 and 47 on epidural steroid injections states that it is recommended as an option for treatment of radicular pain, as defined by pain in a dermatomal distribution with corroborative findings of radiculopathy in an MRI. The MRI of the lumbar spine from 04/23/2014 shows: 1. Straightening of the lumbar spine seen. 2. Disk desiccation is noted at L3-L4 and L4-L5 levels. 3. Reduced intervertebral disk height is noted at L4-L5 level. 4. Focal fatty deposition is noted at S1 and S2 vertebrae. 5. Modic type 2 endplate degenerative changes noted at L4-L5 level. 6. L3-L4 diffuse disk protrusion with effacement of the thecal sac L3 exiting nerve root are unremarkable. Disk measurements neutral 3.1 mm, flexion 2.7 mm, extension 2.7 mm. 7. L4-L5 focal central disk protrusion superimposed on diffuse disk bulge indenting the thecal sac. Disk material and facet

hypertrophy causing bilateral stenosis of neuroforamina that effaces the right and encroaches the left L4 exiting nerve roots. Disk measurements neutral 4.4 mm, flexion 4.2 mm, extension 4.2 mm. The examination from 12/04/2014 shows range of motion in the thoracic spine is decreased and painful. There is tenderness to palpation over the thoracic paravertebral muscles. Muscle spasm of the thoracic paravertebral muscles was noted. Valsalva causes pain bilaterally. Straight leg raise causes pain bilaterally. In this case, the examination does not show any neurological or sensory deficits including evidence of radiculopathy in the MRI. The patient does not meet the criteria set forth by the MTUS Guidelines for an epidural steroid injection at T5-T6. The request IS NOT medically necessary.