

<b>Case Number:</b>	CM15-0118907		
<b>Date Assigned:</b>	06/29/2015	<b>Date of Injury:</b>	06/12/2001
<b>Decision Date:</b>	07/29/2015	<b>UR Denial Date:</b>	06/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/19/2015

### 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, 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 54-year-old male, who sustained an industrial/work injury on 6/12/01. He reported initial complaints of pain with head/neck injury, nasal damage, and having cervicogenic headaches. The injured worker was diagnosed as having cervical spondylosis, atlantoaxial and atlantooccipital sprain/strain, cervical radiculitis, insomnia, and post traumatic cervicogenic headache. Treatment to date has included medication, bilateral atlanto-occipital injections and bilateral C1-C2 injections (atlanto-axial on 12/12/14, 10/8/14, 2/6/15). Currently, the injured worker complains of neck pain that has flared up. Per the primary physician's progress report (PR-2) on 5/15/15, exam notes minimum tenderness on the bilateral cervical paravertebral regions, range of motion in flexion, extension, and bilateral lateral flexion is 30 degrees and bilateral rotation is 60 degrees. The requested treatments include bilateral atlanto-occipital injection and bilateral atlanto-axial injection x1.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bilateral atlanto-occipital injection x1:** Overturned

**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 Procedure, criteria for use of therapeutic intra-articular and medial branch blocks; facet joint injections and on the Non-MTUS Waldman: Interventional Pain Management, 2nd ed. Chapter 5 - Functional Anatomy of the Spine and on the Non-MTUS Waldman: Interventional Pain Management, 2nd ed. Chapter 42 - Facet Block and Neurolysis.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174. Decision based on Non-MTUS Citation ODG, Neck Chapter, Facet joint blocks (diagnostic & therapeutic).

**Decision rationale:** With regard to the request for repeat cervical facet therapeutic intra-articular injection, both the ACOEM and ODG specifically recommend against this. However, the ODG Neck Chapter does state the following: "While not recommended, criteria for use of therapeutic intra-articular and medial branch blocks, if used anyway: Clinical presentation should be consistent with facet joint pain, signs & symptoms. 1. There should be no evidence of radicular pain, spinal stenosis, or previous fusion. 2. If successful (initial pain relief of 70%, plus pain relief of at least 50% for a duration of at least 6 weeks), the recommendation is to proceed to a medial branch diagnostic block and subsequent neurotomy (if the medial branch block is positive). 3. When performing therapeutic blocks, no more than 2 levels may be blocked at any one time. 4. If prolonged evidence of effectiveness is obtained after at least one therapeutic block, there should be consideration of performing a radiofrequency neurotomy. 5. There should be evidence of a formal plan of rehabilitation in addition to facet joint injection therapy. 6. No more than one therapeutic intra-articular block is recommended." Within the submitted documentation, there is evidence of a previous atlanto-occipital block and C1-2 facet block in February 2015. With regard to the former, this is also known as a C0-C1 injection. The documentation indicates that the worker received 75% pain relief for 3 months. The ODG states that "If successful (initial pain relief of 70%, plus pain relief of at least 50% for a duration of at least 6 weeks), the recommendation is to proceed to a medial branch diagnostic block and subsequent neurotomy (if the medial branch block is positive)." The percentage pain relief meets the ODG threshold, but the location of the C0-C1 block in the upper cervical spine make it difficult to proceed with medial branch block and eventual radiofrequency. Therefore, it is reasonable to repeat this injection given that benefit from prior injections. The request is medically necessary.

**Bilateral atlanto-axial injection x1:** Overturned

**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 Procedure, criteria for use of therapeutic intra-articular and medial branch blocks; facet joint injections and on the Non-MTUS Waldman: Interventional Pain Management, 2nd ed. Chapter 5 - Functional Anatomy of the Spine and on the Non-MTUS Waldman: Interventional Pain Management, 2nd ed. Chapter 42 - Facet Block and Neurolysis.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174. Decision based on Non-MTUS Citation ODG, Neck Chapter, Facet joint blocks (diagnostic & therapeutic).

**Decision rationale:** With regard to the request for repeat cervical facet therapeutic intra-articular injection, both the ACOEM and ODG specifically recommend against this. However, the ODG Neck Chapter does state the following: "While not recommended, criteria for use of therapeutic intra-articular and medial branch blocks, if used anyway: Clinical presentation should be consistent with facet joint pain, signs & symptoms. 1. There should be no evidence of radicular pain, spinal stenosis, or previous fusion. 2. If successful (initial pain relief of 70%, plus pain relief of at least 50% for a duration of at least 6 weeks), the recommendation is to proceed to a medial branch diagnostic block and subsequent neurotomy (if the medial branch block is positive). 3. When performing therapeutic blocks, no more than 2 levels may be blocked at any one time. 4. If prolonged evidence of effectiveness is obtained after at least one therapeutic block, there should be consideration of performing a radiofrequency neurotomy. 5. There should be evidence of a formal plan of rehabilitation in addition to facet joint injection therapy. 6. No more than one therapeutic intra-articular block is recommended." Within the submitted documentation, there is evidence of a previous atlanto-occipital block and C1-2 facet block in February 2015. The documentation indicates that the worker received 75% pain relief for 3 months. The ODG states that "If successful (initial pain relief of 70%, plus pain relief of at least 50% for a duration of at least 6 weeks), the recommendation is to proceed to a medial branch diagnostic block and subsequent neurotomy (if the medial branch block is positive)." The percentage pain relief meets the ODG threshold for this worker, but the location of these blocks in the upper cervical spine make it difficult to proceed with medial branch block and eventual radiofrequency. A medial branch block at C1-2 is especially difficult given the proximity of the vertebral arteries. Therefore, it is reasonable to repeat this injection given that benefit from prior injections. The request is medically necessary.