

<b>Case Number:</b>	CM15-0120939		
<b>Date Assigned:</b>	07/01/2015	<b>Date of Injury:</b>	07/12/2007
<b>Decision Date:</b>	08/25/2015	<b>UR Denial Date:</b>	06/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/23/2015

### 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 64 year old female, who sustained an industrial injury on 7/12/2007. Diagnoses have included status post C5-C7 anterior cervical discectomy and fusion (ACDF) on 7/16/2014, adjacent segment disc herniation C4-5, bony hyperostosis C5-6, L4-S1 disc herniations with marked facet arthropathy, disc deterioration and degenerative changes and rule out worsening lumbar pathology. Treatment to date has included surgery, magnetic resonance imaging (MRI) and medication. Per the neurosurgical consultation dated 5/5/2015, the injured worker complained of constant moderate to severe throbbing and aching neck and occipital head pain, which was worse when turning to the left. The pain radiated to the shoulders. She had continued numbness, weakness and tingling into the hands. She complained of significant throbbing and aching low back pain and leg radiculopathies. She stated that overall, her symptoms were worsening. According to the progress report dated 5/8/2015, the injured worker reported recently falling due to her back pain and leg pain, injuring her left foot. She complained of severe pain in the left foot and difficulty walking secondary to pain. She reportedly brought a cervical spine magnetic resonance imaging (MRI) showing post-surgical changes, central disc bulging and multilevel degenerative disc disease. Authorization was requested for right and left occipital nerve blocks, magnetic resonance imaging (MRI) of the lumbar spine without contrast and right shoulder trigger point injection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right Occipital Nerve Block:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper back chapter, under Therapeutic Greater Occipital Nerve Block.

**Decision rationale:** The patient was injured on 07/12/07 and presents with numbness/tingling/weakness in her hand, neck pain, occipital head pain which radiates to the shoulders, and low back pain which radiates to the legs. The request is for a right occipital nerve block. The RFA is dated 05/15/15 and the patient is permanent and stationary. Review of the reports provided does not indicate if the patient had a prior occipital nerve block. ODG Neck and Upper back chapter, under Therapeutic Greater Occipital Nerve Block states: "Under study for treatment of occipital neuralgia and cervicogenic headaches. There is little evidence that the block provides sustained relief, and if employed, is best used with concomitant therapy modulations. Current reports of success are limited to small, non-controlled case series. Although short-term improvement has been noted in 50-90% of patients, many studies only report immediate post injection results with no follow-up period. In addition, there is no gold-standard methodology for injection delivery, nor has the timing or frequency of delivery of injections been researched. Limited duration of effect of local anesthetics appears to be one factor that limits treatment and there is little research as to the effect of the addition of corticosteroid to the injectate." In this case, such treatments are still under study and not yet supported as a standard therapy. The patient has tenderness over the paracervical musculature, and mild tingling on all fingers volar aspect of the bilateral hands. She is diagnosed with status post C5-C7 anterior cervical discectomy and fusion (ACDF) on 7/16/2014, adjacent segment disc herniation C4-5, bony hyperostosis C5-6, L4-S1 disc herniations with marked facet arthropathy, disc deterioration and degenerative changes and rule out worsening lumbar pathology. Treatment to date has included surgery, magnetic resonance imaging (MRI) and medication. The reason for the request is not provided. Guidelines indicate that occipital nerve blocks are under study for the use of primary headaches, and can be useful as a diagnostic tool in differentiating between cervicogenic headaches and occipital neuralgia. It is not clear if this block is meant differentiate between cervicogenic headache and occipital neuralgia, or as a therapeutic measure. Owing to a lack of firm guideline support for such injections as a therapeutic measure, and the lack of discussion as to whether this injection is being used as a diagnostic tool, the medical necessity cannot be substantiated. Therefore, the request is not medically necessary.

**Left Occipital Nerve Block:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper back chapter, under Therapeutic Greater Occipital Nerve Block.

**Decision rationale:** The patient was injured on 07/12/07 and presents with numbness/tingling/weakness in her hand, neck pain, occipital head pain which radiates to the shoulders, and low back pain which radiates to the legs. The request is for a left occipital nerve block. The RFA is dated 05/15/15 and the patient is permanent and stationary. Review of the reports provided does not indicate if the patient had a prior occipital nerve block. ODG Neck and Upper back chapter, under Therapeutic Greater Occipital Nerve Block states: "Under study for treatment of occipital neuralgia and cervicogenic headaches. There is little evidence that the block provides sustained relief, and if employed, is best used with concomitant therapy modulations. Current reports of success are limited to small, non-controlled case series. Although short-term improvement has been noted in 50-90% of patients, many studies only report immediate post injection results with no follow-up period. In addition, there is no gold-standard methodology for injection delivery, nor has the timing or frequency of delivery of injections been researched. Limited duration of effect of local anesthetics appears to be one factor that limits treatment and there is little research as to the effect of the addition of corticosteroid to the injectate." In this case, such treatments are still under study and not yet supported as a standard therapy. The patient has tenderness over the paracervical musculature, and mild tingling on all fingers volar aspect of the bilateral hands. She is diagnosed with status post C5-C7 anterior cervical discectomy and fusion (ACDF) on 7/16/2014, adjacent segment disc herniation C4-5, bony hyperostosis C5-6, L4-S1 disc herniations with marked facet arthropathy, disc deterioration and degenerative changes and rule out worsening lumbar pathology. Treatment to date has included surgery, magnetic resonance imaging (MRI) and medication. The reason for the request is not provided. Guidelines indicate that occipital nerve blocks are under study for the use of primary headaches, and can be useful as a diagnostic tool in differentiating between cervicogenic headaches and occipital neuralgia. It is not clear if this block is meant differentiate between cervicogenic headache and occipital neuralgia, or as a therapeutic measure. Owing to a lack of firm guideline support for such injections as a therapeutic measure, and the lack of discussion as to whether this injection is being used as a diagnostic tool, the medical necessity cannot be substantiated. Therefore, the request IS NOT medically necessary.

**MRI of Lumbar Spine without contrast:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back chapter under MRI.

**Decision rationale:** The patient was injured on 07/12/07 and presents with numbness/tingling/weakness in her hand, neck pain, occipital head pain which radiates to the shoulders, and low back pain which radiates to the legs. The request is for a MRI of lumbar spine without contrast to see her exact current anatomy and pathology in the lumbar region as this has been worsening

over time. The RFA is dated 05/15/15 and the patient is permanent and stationary. The patient had a prior MRI of the lumbar spine on 07/02/14 which revealed a mottled appearance to the lumbar vertebrae with several foci of fatty change that may be non-specific but could reflect osteopenia and/or marrow infiltrative disorder; 3 mm posterior disc bulge at L5-S1 with compromise of the traversing and exiting nerve roots bilaterally and arthritic changes in the facet joints bilaterally. For special diagnostics, ACOEM Guidelines page 303 states, Unequivocal and equivocal objective findings that identified specific nerve compromise on neurological examination or sufficient evidence to warrant imaging in patient who did not respond well to retreatment and who could consider surgery an option. Neurological examination is less clear; however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. ODG Guidelines on low back chapter MRI topics states that MRIs are tests of choice for patients with prior back surgery, but for uncomplicated low back with radiculopathy, not recommended until at least 1 month of conservative care, sooner if severe or progressive neurologic deficit. The patient has tenderness over the paracervical musculature, and mild tingling on all fingers volar aspect of the bilateral hands. She is diagnosed with status post C5-C7 anterior cervical discectomy and fusion (ACDF) on 7/16/2014, adjacent segment disc herniation C4-5, bony hyperostosis C5-6, L4-S1 disc herniations with marked facet arthropathy, disc deterioration and degenerative changes and rule out worsening lumbar pathology. Treatment to date has included surgery, magnetic resonance imaging (MRI) and medication. The patient had a prior MRI of the lumbar spine on 07/02/14 and the reason for the request is not provided. Although the treater would like an updated MRI of the lumbar spine to see her exact current anatomy and pathology in the lumbar region as this has been worsening over time, there are no new injuries, no significant change on examination findings, no bowel/bladder symptoms, or new location of symptoms to warrant an updated MRI. Therefore, the requested repeat MRI of the lumbar spine is not medically necessary.

### **Right Shoulder Trigger Point Injections: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Trigger point injections Page(s): 122.

**Decision rationale:** The patient was injured on 07/12/07 and presents with numbness/tingling/weakness in her hand, neck pain, occipital head pain which radiates to the shoulders, and low back pain which radiates to the legs. The request is for a right shoulder trigger point injections. The RFA is dated 05/15/15 and the patient is permanent and stationary. Review of the reports provided does not indicate prior trigger point injections. The MTUS Guidelines, on page 122, state that trigger point injections with a local anesthetic may be recommended for the treatment of chronic low back or neck pain with myofascial pain syndrome when all of the following criteria are met: (1) Documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain; (2) Symptoms have persisted for more than three months; (3) Medical management therapies such as ongoing stretching exercises, physical therapy, NSAIDs and muscle relaxants have failed to control pain; (4) Radiculopathy is not present (by exam, imaging, or neuro-testing); (5) Not more than 3-4 injections per

session; (6) No repeat injections unless a greater than 50% pain relief is obtained for six weeks after an injection and there is documented evidence of functional improvement; (7) Frequency should not be at an interval less than two months; (8) Trigger point injections with any substance (e.g., saline or glucose) other than local anesthetic with or without steroid are not recommended. The patient has mild diffuse tenderness to the parashoulder musculature, positive greater tuberosity tenderness, and pain with range of motion of the right shoulder. She is diagnosed with status post C5-C7 anterior cervical discectomy and fusion (ACDF) on 7/16/2014, adjacent segment disc herniation C4-5, bony hyperostosis C5-6, L4-S1 disc herniations with marked facet arthropathy, disc deterioration and degenerative changes and rule out worsening lumbar pathology. Treatment to date has included surgery, magnetic resonance imaging (MRI) and medication. Review of the reports provided does not indicate if the patient had any prior trigger point injections. There are no documented circumscribed trigger points with evidence upon palpation of a twitch response, as required by MTUS guidelines. The request does not meet guideline criteria. Furthermore, the patient presents with radiculopathy which is not indicated by MTUS guidelines. The request does not meet guideline criteria. The requested trigger point injection to the right shoulder is not medically necessary.