

<b>Case Number:</b>	CM15-0063035		
<b>Date Assigned:</b>	05/13/2015	<b>Date of Injury:</b>	04/24/2002
<b>Decision Date:</b>	06/19/2015	<b>UR Denial Date:</b>	03/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/02/2015

### 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: Pennsylvania, Ohio, 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 61 year old male, who sustained an industrial injury on 4/24/2002. He reported a fall onto his outstretched hands and head. The injured worker was diagnosed as having cervical disc displacement with myelopathy and occipital neuralgia. Treatment to date has included diagnostics (including magnetic resonance imaging of the cervical spine 2/2006), right shoulder surgery in 11/2004, cervical spine epidural (most recent 10/23/2014), occipital nerve blocks, trigger point injections, and medications. Currently, the injured worker complains of intermittent headaches, which started at the base of his neck and radiated to the frontal scalp. They occurred suddenly and dissipated quickly, leaving him dizzy for a short period (minutes). He also reported that if he rotated his head beyond a certain degree, that he felt lightheaded and near syncopal. He reported pain with extreme lateral rotation to either side and was now noticing bilateral hand numbness and tingling. A physiatry evaluation recommendation for at least bi-yearly epidural injections, occipital nerve block independent of cervical spine epidurals, and intermittent trigger point injections was documented. He continued to complain of band like pressure sensation in the head, constant and aggravated by stress. Medication use included Xanax. Physical exam noted tenderness with tender trigger points at the base of the neck. The treatment plan included cervical epidural injection, occipital nerve blocks, and trigger point injections, along with updated magnetic resonance imaging of the cervical spine (to re-evaluate cervical spine deterioration).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One (1) 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 Occipital Nerve Block.

**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 Blocks.

**Decision rationale:** MTUS does not discuss this treatment. ODG discusses this treatment as under study for primary headaches. There is no clear recommendation in the guidelines to support a greater occipital nerve block, nor do the records clearly provide a rationale for its use. This request is not medically necessary.

**Unknown trigger point injections: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point Injections.

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

**Decision rationale:** MTUS recommends trigger point injections based on specific clinical criteria, including documentation of circumscribed trigger points with a twitch response as well as failure to respond to specific first-line treatment and absence of radiculopathy. The records in this case do not clearly document trigger points as defined in MTUS and an alternate rationale has not been provided. This request is not medically necessary.

**One (1) MRI of the cervical spine without contrast: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178. Decision based on Non-MTUS Citation Official Disability Guidelines - Neck.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182.

**Decision rationale:** MTUS/ACOEM recommends MRI CSPINE if there are specific red flag findings on history and musculoskeletal and neurological examination. This guideline particularly recommends MRI CSPINE to validate the diagnosis of nerve root compromise based on clear history and physical exam findings in preparation for an invasive procedure. The records do not document such red flag findings at this time. The rationale/indication for the requested cervical MRI are not apparent. This request is not medically necessary.