

<b>Case Number:</b>	CM15-0090504		
<b>Date Assigned:</b>	05/14/2015	<b>Date of Injury:</b>	09/01/2009
<b>Decision Date:</b>	09/04/2015	<b>UR Denial Date:</b>	05/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/11/2015

### 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, Indiana, New York  
 Certification(s)/Specialty: Internal Medicine

### 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 62 year old female with an industrial injury dated 09-01-2009. The injured worker's diagnoses include cephalgia, temporomandibular joint pain, insomnia, cervical radiculopathy , lumbar radiculopathy , bilateral knee pain status post right knee surgery, right greater than left shoulder pain, left elbow pain, epigastric burning, abdominal distension, cognitive problems, emotional distress, intermittent overflow of incontinence and severe left eye pain. Treatment consisted of diagnostic studies, prescribed medications, and periodic follow up visits. In a progress note dated 02-04-2015, the injured worker reported abdominal pain with burning going into the right upper abdominal quadrant, severe headaches and bilateral shoulder and knee pain. Objective findings revealed severe cervicocervical tenderness with spasm, decreased attention span, severe left orbital pain, slightly weak left hand grip, slightly weak right foot dorsiflexion, and decreased sensation at the right more than left ventromedial arm and hypothenar region. Physical exam also revealed decreased sensation at the bilateral outer thighs, legs and plantar surfaces of both feet, lumbar more than cervical and interscapular tenderness, right more than left shoulder tenderness with limited range of motion , right more than left knee tenderness with clicking, left elbow tenderness, positive bilateral straight leg raises and increased epigastric right abdominal upper quadrant pain. Treatment plan consisted of diagnostic studies, medical equipment, physiotherapy, medication management and follow up appointment. The treating physician prescribed services for one trial shockwave treatment and one trial with bilateral C2 and occipital ganglion block with pre-op, now under review.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **1 Trial Shockwave Treatment: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 203. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg (Acute & Chronic).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder section, Extra-corporeal shock wave therapy.

**Decision rationale:** Pursuant to the Official Disability Guidelines, one trial shock wave treatment is not medically necessary. ESWT is indicated for calcified tendinitis but not other shoulder disorders. The criteria include pain from calcified tendinitis of the shoulder despite six months of standard treatment. At least three conservative treatments have been performed prior to use ESWT; rest, ice, non-steroidal anti-inflammatory drugs, orthotics, physical therapy, injections; maximum of three therapy sessions over three weeks. In this case, the relevant injured worker's working diagnoses are cephalgia, muscle contraction probably; TMJ pain, cervical and lumbar radiculopathy; bilateral knee pain status post arthroscopy; right greater than left shoulder pain: and left elbow pain. Date of injury is September 1, 2009. The request for authorization is April 28, 2015. According to a progress note dated February 4, 2015, subjectively the injured worker has pain in the knees, low back, neck, bilateral shoulders, headaches. Objectively, vital signs were normal. There was craniocervical tenderness and spasm. It was cervical and lumbar paraspinal muscle tenderness. There was decreased range of motion in the shoulders. Extra- corporeal shock wave therapy is indicated for calcified tendinitis but not other shoulder disorders. There is no documentation of calcified tendinitis in the medical record. Consequently, absent guideline recommendations with a diagnosis of calcified tendinitis, one trial shock wave treatment is not medically necessary.

### **1 Trial with Bilateral C2/Occipital Ganglion Block with Pre-op: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute & Chronic) Greater Occipital Nerve Block, Diagnostic (2014).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck section, Greater occipital nerve block, therapeutic.

**Decision rationale:** Pursuant Official Disability Guidelines, one trial with bilateral C2/occipital ganglion block with pre-op is not medically necessary. Greater occipital nerve blocks are under study for the use in treatment of primary headaches. Studies on the use of these nerve blocks for treatment of migraine and cluster headaches show conflicting results, and when positive, are of a

short term duration. Occipital nerves are nonspecific. This may result in misidentification of the occipital nerve as the pain generator. In this case, the relevant injured worker's working diagnoses are cephalgia, muscle contraction probably; TMJ pain, cervical and lumbar radiculopathy; bilateral knee pain status post arthroscopy; right greater than left shoulder pain: and left elbow pain. Date of injury is September 1, 2009. The request for authorization is April 28, 2015. According to a progress note dated February 4, 2015, subjectively the injured worker has pain in the knees, low back, neck, bilateral shoulders, headaches. Objectively, vital signs were normal. There was craniocervical tenderness and spasm. It was cervical and lumbar paraspinal muscle tenderness. Greater occipital nerve blocks are under study for the use in treatment of primary headaches. There was decreased range of motion in the shoulders. Greater occipital nerve blocks are under study for the use in treatment of primary headaches. Consequently, absent guideline recommendations for greater occipital nerve blocks, one trial with bilateral C2/occipital ganglion block with pre-op is not medically necessary.