

<b>Case Number:</b>	CM14-0149453		
<b>Date Assigned:</b>	09/18/2014	<b>Date of Injury:</b>	04/25/2012
<b>Decision Date:</b>	10/20/2014	<b>UR Denial Date:</b>	09/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/15/2014

### 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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 represented [REDACTED] employee who has filed a claim for chronic low back and neck pain reportedly associated with an industrial injury of April 25, 2012. Thus far, the injured worker has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; unspecified amounts of physical therapy; unspecified amounts of manipulative therapy; and various interventional spine procedures over the course of the claim. In a Utilization Review Report dated September 3, 2014, the claims administrator denied a request for bilateral sacroiliac joint injections and an occipital nerve injection, invoking non-MTUS Official Disability Guidelines (ODG). The injured worker's attorney subsequently appealed. In a handwritten note dated March 18, 2014, difficult to follow, not entirely legible, the injured worker was described as status post cervical epidural steroid injection therapy. Persistent complaints of neck pain radiating to the left arm were noted. The injured worker was using Norco and Fexmid for pain relief along the multimodality transcutaneous elective therapy device, it was noted. SI joint tenderness was also noted. The claimant was apparently working, it was suggested. In an April 22, 2014, progress note, the injured worker was described as having ongoing issues with neck pain, cervicogenic headaches, and/or cervical radiculopathy. The attending provider noted that the injured worker still had ongoing complaints of headaches despite a recent cervical epidural steroid injection. An occipital nerve block was endorsed, along with a prescription for Imitrex. The injured worker underwent sacroiliac joint injection therapy on July 18, 2014. On August 13, 2014, the attending provider suggested repeat sacroiliac joint injections, a traction device, a TENS unit, and an occipital nerve block. The claimant was again described as having occipital neuralgia/occipital pain on palpation. Sacroiliac joint pain was also noted. The injured worker was reportedly

participating in martial arts, it was stated. The injured worker's work status was not explicitly furnished on this occasion.

## **IMR ISSUES, DECISIONS AND RATIONALES**

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

### **Bilateral Sacroiliac Joint Injections: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Hip and Pelvis Chapter, Sacroiliac Joint Blocks

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**Decision rationale:** The MTUS does not address the topic. However, as noted on the Third Edition ACOEM Guidelines Low Back Chapter, sacroiliac joint injections are not recommended in the absence of the some rheumatologically proven spondyloarthropathy implicating the SI joints. In this case, however, there is no evidence that the injured worker carries a diagnosis of rheumatologically-proven spondyloarthropathy implicating the sacroiliac joints. Rather, it appears that the claimant has non-specific low back pain. Sacroiliac joint injections are not indicated in the treatment of the same, per ACOEM. Therefore, the request is not medically necessary.

### **Occipital Nerve: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Head-Greater Occipital Nerve Block (GONB).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Third Edition, Chronic Pain Chapter, Local Anesthetic Injections

**Decision rationale:** The MTUS does not address the topic. As noted in the Third Edition ACOEM Guidelines, Chronic Pain Chapter local anesthetic injections section, such as the occipital nerve block at issue, are recommended for diagnosing chronic pain. ACOEM further notes that greater occipital nerve blocks can be used to determine whether a complaint of headache is due to static neck position versus migraines. In this case, the injured worker has been given various diagnoses involving the head and/or neck, including possible occipital neuralgia, cervical radiculopathy, and/or migrainous headaches. Obtaining the occipital nerve block at issue can help to differentiate between some of the possible diagnostic considerations. Therefore, the request is medically necessary.