

Case Number:	CM13-0053456		
Date Assigned:	12/30/2013	Date of Injury:	10/07/2009
Decision Date:	04/30/2014	UR Denial Date:	10/31/2013
Priority:	Standard	Application Received:	11/18/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Management 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:

This is a patient with a date of injury of October 7, 2009. A utilization review determination dated October 31, 2013 recommends non-certification of a right trapezius trigger point injection and bilateral occipital nerve blocks. A progress report dated February 17, 2014 includes subjective complaints of pain in the neck and arm. A physical examination is not listed. The diagnoses include cervical radiculopathy, spondylosis, and carpal tunnel syndrome. The treatment plan indicates that the patient has chronic neck pain and upper extremity pain as well as cervicogenic headaches. The treatment plan recommends trigger point injections, acupuncture, urine drug screen, and follow up with a neurosurgeon. A progress report dated February 10, 2014 identifies physical examination findings including "palpable twitch positive trigger points are noted in the muscles of the head and neck, specifically. Cervical spine is noted to be unstable." There is pain with range of motion. The treatment plan indicates that the patient has been approved for trigger point injections. A progress note dated September 17, 2013 indicates that the patient reports the trigger point injections and occipital nerve blocks have improved her pain significantly. The note indicates that the patient has had decreased pain, decreased overall headache, and she is very satisfied with the results.

IMR ISSUES, DECISIONS AND RATIONALES

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

RIGHT TRAPEZIUS TRIGGER POINT INJECTION: 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 Page(s): 122. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain Chapter, Trigger Point Injections.

Decision rationale: Regarding the request for trigger point injections, Chronic Pain Medical Treatment Guidelines support the use of trigger point injections after 3 months of conservative treatment provided trigger points are present on physical examination. ODG states that repeat trigger point injections may be indicated provided there is at least 50% pain relief with reduction in medication use and objective functional improvement for 6 weeks. Within the documentation available for review, there are physical examination findings consistent with trigger points. However, it is unclear how much conservative treatment has been attempted prior to the requested trigger point injections. Additionally, there is no documentation of at least 50% pain relief with reduction in medication use and objective functional improvement for 6 weeks, as a result of previous trigger point injections. In the absence of such documentation, the requested trigger point injections are not medically necessary.

BILATERAL 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 (ODG) Head Chapter, Greater 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 Chapter, Greater Occipital Nerve Block (GONB).

Decision rationale: Regarding the request for bilateral occipital nerve blocks, California MTUS and ACOEM do not contain criteria for this request. ODG states that occipital nerve blocks are under study. Studies on the use of occipital nerve blocks have been conflicting and shown short-term responses at best. Within the documentation available for review, it appears the patient has undergone occipital nerve blocks previously. There is no documentation of objective functional improvement, analgesic response, or duration of efficacy as a result of those injections. In light of the above issues, the currently requested occipital nerve blocks are not medically necessary.