

Case Number:	CM13-0061767		
Date Assigned:	01/08/2014	Date of Injury:	07/23/2012
Decision Date:	04/30/2014	UR Denial Date:	11/19/2013
Priority:	Standard	Application Received:	12/05/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a Physician Reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The Physician Reviewer is Board Certified in Anesthesiology and Pain Management, and is licensed to practice in Florida. 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 Physician 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 patient is a 51-year-old female who reported an injury on 07/23/2012 due to cumulative trauma while performing normal job duties. The patient reportedly sustained injury to her neck and right shoulder. The patient's treatment history included physical therapy, cervical traction, right shoulder arthroscopy with postoperative physical therapy, activity modifications, trigger point injections, and medications. The patient was evaluated in 08/2013 and it was documented the patient was given a trigger point injection to the cervical spine. The patient was evaluated in 09/2013 and it was noted that the patient did not receive any improvement with the trigger point injection. The patient's most recent clinical evaluation dated 11/07/2013 documented that the patient had ongoing cervical spine pain. The patient's physical findings included multiple trigger points throughout the cervicothoracic musculature on the left with tenderness at the base of the occiput. It was noted that the patient had a positive Spurling's maneuver to the left with pain with extension of the left arm. The patient's diagnoses included cervical facet arthropathy, lumbar spinal stenosis, cervical radiculopathy, C2 neuritis with occipital neuralgia and headaches, and myofascial pain. The patient's treatment plan included trigger point injections to the left cervical paraspinal muscles, levator scapula and superior trapezius and a left greater and lesser occipital nerve block.

IMR ISSUES, DECISIONS AND RATIONALES

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

TRIGGER POINT INJECTIONS LEFT CERVICAL PARASPINAL MUSCLES, LEVATOR SCAPULA AND SUPERIOR TRAPEZIUS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Trigger Point Injections Page(s): 122.

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

Decision rationale: The requested trigger point injections of the left cervical paraspinal muscles, levator scapula and superior trapezius are not medically necessary or appropriate. The MTUS Guidelines recommend trigger point injections for patients with palpable trigger points as an adjunct treatment to active functional restoration. The clinical documentation submitted for review does not provide any evidence that the employee is participating in active treatment. Additionally, it is noted that the employee previously underwent a trigger point injection to the cervical spine that did not provide a significant amount of relief. The MTUS guidelines recommend repeat injections be based on at least 4 to 6 weeks of pain relief of at least 50%. Additionally, the employee has a positive Spurling's sign to the left and is diagnosed with cervical radiculopathy. The MTUS guidelines do not recommend trigger point injections in the presence of radiculopathy. Also, the request as it is submitted does not specifically identify the number of trigger point injections being requested. As there are multiple locations identified within the examination and the MTUS guidelines recommend that only 4 trigger point injections be administered in any given session, the request as it is written is not supported. As such, the requested trigger point injections of the left cervical paraspinal muscles, levator scapula and superior trapezius are not medically necessary or appropriate.

LEFT GREATER AND LESSER OCCIPITAL NERVE BLOCKS: 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), web, Neck Greater Occipital Nerve Block, diagnostic/therapeutic.

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, Greater Occipital Nerve Block, diagnostic.

Decision rationale: The requested left greater and lesser occipital nerve blocks are not medically necessary or appropriate. The clinical documentation submitted for review does indicate that requested occipital nerve block is for diagnostic purposes. The MTUS guidelines do not address the use of occipital nerve blocks in either a diagnostic or therapeutic capacity. The Official Disability Guidelines indicate that this treatment is under study and there is not enough scientific evidence to support the efficacy of the long-term effects and pain relief of this diagnostic study. As such, the requested left greater and lesser occipital nerve blocks are not medically necessary or appropriate.