

Case Number:	CM13-0069188		
Date Assigned:	01/03/2014	Date of Injury:	03/19/2013
Decision Date:	05/28/2014	UR Denial Date:	12/10/2013
Priority:	Standard	Application Received:	12/20/2013

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 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 patient is a [REDACTED] employee who has filed a claim for myalgia and head contusion associated with an industrial injury of March 19, 2013. Thus far, the patient has been treated with opioids, NSAIDs, muscle relaxants, Klonopin, Imitrex, physical therapy, ultrasound guided occipital nerve blocks, and trigger point injections. Review of progress notes reports headache and imbalance accompanied by tenderness over the neck and shoulder region and stiff movements. There is positive Tinel's over bilateral greater occipital nerve. Cervical spine radiographs from March 2013 were unremarkable; CT of the brain was also normal. Utilization review dated December 10, 2013 indicates that the claims administrator denied a request for repeat ultrasound guided right trapezius T1 injection as there is no documentation of objective measures of pain relief, presence of taut bands, and date of previous trigger point injection; and occipital nerve blocks as patient had only minimal improvement in headaches from previous bilateral occipital nerve blocks.

IMR ISSUES, DECISIONS AND RATIONALES

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

REPEAT ULTRASOUND GUIDED TRAPEZIUS T1 INJECTION AND 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).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 122. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Head Chapter, GONB Section.

Decision rationale: The California MTUS does not specifically address occipital nerve blocks. The Official Disability Guidelines (ODG) states that greater occipital nerve injection is under study for treatment of occipital neuralgia and cervicogenic headaches and there is little evidence that the block provides sustained relief. MTUS criteria for trigger point injections include chronic low back or neck pain with myofascial pain syndrome with circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain; symptoms for more than three months; medical management therapies have failed; radiculopathy is not present; and no more than 3-4 injections per session. Additionally, repeat injections are not recommended unless greater than 50% pain relief has been obtained for six weeks following previous injections, including functional improvement. Documentation indicates improved symptoms, improved headache, and less photophobia/phonophobia after the nerve block and trigger point injection performed October 10, 2013. However, there is no documentation of specific objective measures of improvement in this patient or description of presence of trigger points in the trapezius. Also, guidelines do not show evidence of sustained relief with occipital nerve blocks. Therefore, the request for repeat ultrasound guided trapezius T1 injection and occipital nerve blocks was not medically necessary.