MAXIMUS Federal Services

Case Number:	CM14-0101808		
Date Assigned:	07/30/2014	Date of Injury:	03/18/2013
Decision Date:	09/22/2014	UR Denial Date:	06/19/2014
Priority:	Standard	Application Received:	07/01/2014

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 Anesthesiology, Pain Medicine 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 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 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 60-year-old male with a reported date of injury on 03/18/2013. The mechanism of injury was noted to be a motor vehicle accident. His diagnoses were noted to include cervical facet syndrome, cervical radiculopathy, cervical disc disorder, neck pain, myofascial/fibromyofascial, muscle spasm, lumbar degenerative disc disease, lumbar radiculitis, lumbar stenosis, and cervical pain. His previous treatments were noted to include physical therapy, medication, and TENS unit. The progress note dated 06/04/2014 revealed complaints of bilateral neck, bilateral upper extremity, and bilateral knee pain. The injured worker rated his pain 8/10 and reported he was taking his medications as prescribed. The physical examination of the neck revealed tenderness to palpation of the right trapezius, right suboccipitals, and right cervical paraspinous. The physical examination of the cervical spine revealed swelling to the bilateral fluctuant. The cervical range of motion was restricted in all planes and the neck movements were painful. Upon examination of the paravertebral muscles, spasm and tenderness was noted on both sides. The Request for Authorization form dated 06/10/2014 was for an outpatient right greater occipital nerve block, trigger point injection to the right trapezius muscle, and trigger point injection to the right cervical paraspinal muscle for neuralgia and myofascial pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient right greater 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; Head Chapter; Greater occipital nerve block (GONB) Official Disability Guidelines; Neck/Upper Back Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck, Greater occipital nerve block, diagnostic.

Decision rationale: The Expert Reviewer's decision rationale: The request for Outpatient right greater occipital nerve block is not medically necessary. The injured worker complains of neck pain with muscle spasms. The Official Disability Guidelines state that the greater occipital nerve block is under study. The guidelines state that the greater occipital nerve blocks have been recommended by several organizations for the diagnosis of both occipital neuralgia and cervicogenic headaches. It has been noted that the pain is relieved by an analgesic injection into the cervical structures, but there was little to no consensus as what injection technique should be utilized and lack of convincing clinical trials to aid this diagnostic methodology. The difficulty arises in that occipital nerves blocks are nonspecific. This may result in a misidentification of the occipital nerve as the pain generator. In addition, there is no research evaluating the block as a diagnostic tool under controlled conditions. An additional problem is that patients with both tension headaches and migraine headaches respond to the greater occipital blocks. In one study, comparing patients with a cervicogenic headache to patients with tension headaches and migraines, pain relief was found by all 3 categories of headaches. Due to the differential response, it has been suggested that greater occipital nerve block may be useful as a diagnostic aid in differentiating between these 3 headache conditions. There is a lack of clinical findings to support the diagnosis of occipital neuralgia such as aching, burning, and throbbing pain that typically starts at the base of the head and radiates to the scalp, pain on 1 or both sides of the head, pain behind the eye, sensitivity to light, or tender scalp. Studies have shown that positive results from an occipital nerve block are limited to short term duration. The guidelines state the occipital nerve block is not an effective treatment for chronic tension headaches. Therefore, the request is not medically necessary.

Trigger point injection to the right trapezius muscle: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medical Treatment Guidelines; trigger point injections.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger point injections Page(s): 122.

Decision rationale: The Expert Reviewer's decision rationale: The request for Trigger point injection to the muscle right trapezius is not medically necessary. The injured worker complains of neck pain and tightness. The California Chronic Pain Medical Treatment Guidelines recommend trigger point injections only for myofascial pain syndrome with limited lasting value. The guidelines do not recommend trigger point injections for radicular pain. The trigger point injections with an anesthetic such as bupivacaine are recommended for non-resolving

trigger points, with the addition of a corticosteroid are not generally recommended. A trigger point is a discrete focal tenderness located in a palpable taut band of skeletal muscle, which produces a local twitch in response to stimulus to the band. Myofascial pain syndrome is a regional painful muscle condition with a direct relationship between a specific trigger point and its associated pain region. The guidelines criteria for trigger point injections are the documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain; the symptoms must have persisted for more than three months; the medical management therapies such as ongoing stretching exercises, physical therapy, NSAIDs and muscle relaxants have failed to control pain; radiculopathy must not be present; there should be no more than 3 to 4 injections per session; no repeat injections unless a greater than 50% pain relief is obtained for six weeks after an injection and there is documented evidence of functional improvement; frequency should not be at an interval less than two months; and trigger point injections with any substance other than local anesthetic with or without corticosteroids are not recommended. There is a lack of documentation regarding a twitch response as well as referred pain upon palpation. The documentation provided indicated a Spurling's maneuver cause radicular symptoms to the bilateral C6 and therefore, the guidelines state trigger point injections are not recommended if there are radicular symptoms. Therefore, the request is not medically necessary.

Trigger point injection to the right cervical paraspinal muscles: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medical Treatment Guidelines; trigger point injections.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger point injections Page(s): 122.

Decision rationale: The Expert Reviewer's decision rationale: The request for Trigger point injection to the right cervical paraspinal muscles is not medically necessary. The injured worker complains of neck pain and tightness. The California Chronic Pain Medical Treatment Guidelines recommend trigger point injections only for myofascial pain syndrome with limited lasting value. The guidelines do not recommend trigger point injections for radicular pain. The trigger point injections with an anesthetic such as bupivacaine are recommended for non-resolving trigger points, with the addition of a corticosteroid are not generally recommended. A trigger point is a discrete focal tenderness located in a palpable taut band of skeletal muscle, which produces a local twitch in response to stimulus to the band. Myofascial pain syndrome is a regional painful muscle condition with a direct relationship between a specific trigger point and its associated pain region. The guidelines criteria for trigger point injections are the documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain; the symptoms must have persisted for more than three months; the medical management therapies such as ongoing stretching exercises, physical therapy, NSAIDs and muscle relaxants have failed to control pain; radiculopathy must not be present; there should be no more than 3 to 4 injections per session; no repeat injections unless a greater than 50% pain relief is obtained for six weeks after an injection and there is documented evidence of functional improvement; frequency should not be at an interval less than two months; and trigger point injections with any substance other than local anesthetic with or without corticosteroids are not

recommended. There is a lack of documentation regarding a twitch response as well as referred pain upon palpation. The documentation provided indicated a Spurling's maneuver cause radicular symptoms to the bilateral C6 and therefore, the guidelines state trigger point injections are not recommended if there are radicular symptoms. Therefore, the request is not medically necessary.