

Case Number:	CM14-0015114		
Date Assigned:	02/28/2014	Date of Injury:	09/29/2009
Decision Date:	06/27/2014	UR Denial Date:	01/27/2014
Priority:	Standard	Application Received:	02/06/2014

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 Pain Medicine, and is licensed to practice in Texas. 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 56 year old female whose date of injury is 09/29/2009. The injured worker lost her balance and fell in a parking lot. She injured the bilateral knees, bilateral ankles and left shoulder. The injured worker is status post left shoulder debridement and acromioplasty. Treatment to date also includes bilateral knee injections and epidural steroid injection x 2. She is status post cervical fusion in 2011 at C5-6 and C6-7. The injured worker underwent right selective nerve root block L5 and S1 on 05/06/13. A progress report dated 11/07/13 indicates that she underwent trigger point injections to the right levator scapula. Progress report dated 12/19/13 indicates that she has been waking up with headaches for the last two weeks. She underwent trigger point injections and bilateral occipital blocks on this date. A follow up note dated 02/06/14 indicates that medications include Ambien and Amitriptyline.

IMR ISSUES, DECISIONS AND RATIONALES

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

CERVICAL TRIGGER POINT INJECTION USING LIDOCAINE AND METHYLPREDNISOLONE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, TRIGGER POINT INJECTIONS,

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

Decision rationale: The submitted records fail to provide documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain as required by the MTUS Chronic Pain Guidelines. Additionally, the injured worker's response to prior trigger point injections is not documented to establish the efficacy of prior treatment. The request is not medically necessary and appropriate.

BILATERAL OCCIPITAL BLOCKS USING LIDOCAINE AND METHYLPREDNISOLONE: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 blocks

Decision rationale: The submitted records indicate that the injured worker has undergone prior occipital blocks; however, the injured worker's objective, functional response to this treatment is not documented to establish the efficacy of treatment. The Official Disability Guidelines note that this procedure is under study. Consequently, the request is not medically necessary and appropriate.