MAXIMUS Federal Services

Case Number:	CM14-0015527		
Date Assigned:	02/28/2014	Date of Injury:	02/10/1999
Decision Date:	06/30/2014	UR Denial Date:	01/22/2014
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 Physical Medicine and Rehabilitation, 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 injured worker is a 45-year-old female injured on 02/10/09 due to undisclosed mechanism of injury. Current diagnoses included chronic pain, cervical disc degeneration, cervical radiculopathy, right elbow pain, headaches, right elbow epicondylitis, and ulnar neuritis. Previous treatments included trigger point injections, cervical epidural steroid injections, medication management. Clinical note dated 01/02/14 indicated the injured worker presented complaining of neck pain radiating to bilateral upper extremities in the elbows with occipital headache pain and migraines. The injured worker rated her pain at 7/10 with medications and 10/10 without. The injured worker reported pain increased with activity and walking. The injured worker underwent cervical epidural steroid injection at bilateral C5-7 on 12/10/13; however, there was no follow up evaluation regarding response to the injection. Physical examination revealed spasms bilaterally in the cervical paraspinous muscles, tenderness to palpation in the bilateral paravertebral C5-7 and bilateral occipital, spasm in bilateral paraspinous musculature of the lumbar spine with paravertebral tenderness at L4-S1, pain significantly increased with flexion/extension. EMG (Electromyograph) on 08/23/11 revealed mild chronic right C8 cervical radiculopathy with no findings of acute denervation in any of the upper extremities muscles tested. There was no electrodiagnostic evidence of upper extremities focal nerve entrapment. Medications included Compazine, Fioricet, Flexeril, Lyrica, Naproxen, Percocet, and MS Contin. The initial request for one trigger point injection, one greater occipital bilateral nerve block, and one prescription of Percocet 5/325mg #90 was initially non-certified on 01/22/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 TRIGGER POINT INJECTION: 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 Trigger Point Injections Page(s): 122.

Decision rationale: According to the Chronic Pain Guidelines, trigger point injections may be recommended for the treatment of chronic low back or neck pain with myofascial pain syndrome when documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain; symptoms have persisted for more than three months; medical management therapies such as ongoing stretching exercises, physical therapy, NSAIDs (non-steroidal antiinflmmatory drug) and muscle relaxants have failed to control pain; radiculopathy is not present (by exam, imaging, or neuro-testing); not more than 3-4 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; and frequency should not be at an interval less than two months. Trigger point injections with any substance (e.g., saline or glucose) other than local anesthetic with or without steroid are not recommended. These criteria were not met as required by guidelines. Therefore, the request for one (1) trigger point injection cannot be recommended as medically necessary.

1 GREATER OCCIPITAL BILATERAL NERVE BLOCK: 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 (Acute & Chronic) , Greater occipital nerve block, therapeutic

Decision rationale: According to the Official Disability Guidelines, greater occipital nerve blocks are under study for treatment of occipital neuralgia and cervicogenic headaches. There is little evidence that the block provides sustained relief, and if employed, is best used with concomitant therapy modulations. As such, the request for one (1) greater occipital bilateral nerve block cannot be recommended as medically necessary.

1 PRESCRIPTION OF PERCOCET 5/325MG #90: 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, OPIOIDS, ONGOING MANAGEMENT,

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 77.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There is no clear documentation regarding the functional benefits or any substantial functional improvement obtained with the continued use of narcotic medications. As the clinical documentation provided for review does not support an appropriate evaluation for the continued use of narcotics as well as establish the efficacy of narcotics, the medical necessity of one (1) prescription of Percocet 5/325MG #90 cannot be established at this time.