

<b>Case Number:</b>	CM14-0112262		
<b>Date Assigned:</b>	09/18/2014	<b>Date of Injury:</b>	09/19/2012
<b>Decision Date:</b>	10/23/2014	<b>UR Denial Date:</b>	06/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/18/2014

### 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 & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 36-year-old female who reported an injury on 09/20/2011. The mechanism of injury was repetitive lifting of heavy objects. The diagnostic studies were not provided. The medications included naproxen 550 mg 1 tablet twice a day and Prilosec 20 mg 1 tablet 2 times a day. The injured worker underwent an x-ray of the cervical spine. The surgical history was not provided. Other therapies included physical therapy. The documentation of 05/29/2014 revealed the injured worker had pain in the cervical spine with radiation down the right arm with numbness in the right hand fingers. The documentation indicated the injured worker was in the office for pain management of her cervical spine. The objective findings revealed severe pain over the cervical paraspinals, upper back, and shoulder musculature, severe range of motion limitations of the cervical spine especially with extension and rotation and occipital neuralgia on the right side. The diagnoses included right shoulder enthesopathy, right upper extremity pain, and cervical spine disc herniations. The treatment plan included the injured worker would come back to the office for trigger point injections in the paraspinal cervical spine, Norco 10/325 mg, Soma 350 mg and naproxen 500 mg as well as physical therapy. The subsequent documentation of 06/19/2014 revealed the injured worker had a lot of pain in her neck that was constant and the injured worker was taking medication with little benefit. The injured worker had completed 5 sessions of physical therapy and they were not working. The objective findings revealed the injured worker had continued back and neck pain with radiculopathy on the right upper extremity and restricted range of motion with spasms of neck muscles. There was myalgia noted and the injured worker had occipital neuralgia/neuritis bilateral and palpation over these reproduced concordant headaches which were noted to be frequent. The treatment plan included a cervical epidural steroid injection and an occipital nerve

right side block and trigger point injections. There was a lack of documented rationale for the injections. There was a Request for Authorization submitted for the epidural steroid injection.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Trigger Point Injections: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG/Trigger Point Injections; Criteria for the use of Trigger point injections

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point Injections Page(s): 121, 122.

**Decision rationale:** The California MTUS recommends trigger point injections for myofascial pain syndrome and they are not recommended for radicular pain. Criteria for the use of Trigger point injections include 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 and muscle relaxants have failed to control pain; Radiculopathy is not present (by exam, imaging, or neuro-testing). The clinical documentation submitted for review failed to indicate the injured worker had circumscribed trigger points with evidence upon palpation of a twitch response and referred pain. There was a lack of documentation indicating a failure of medication management and other therapies. There was a lack of documentation indicating a myotomal and dermatomal examination to support that the injured worker did not have radiculopathy. The request as submitted failed to indicate the body part to be treated with the body part and location for the trigger point injections as well as the quantity. Given the above, the request for Trigger Point Injections is not medically necessary.

#### **Occipital Nerve Block right side: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG/Greater occipital nerve blocks (GONB)

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

**Decision rationale:** The Official Disability Guidelines indicate that greater occipital nerve blocks are under study for use in the treatment of primary headaches and that studies of the use of greater occipital nerve blocks for the treatment of migraines and cluster headaches show conflicting results and when positive have found response limited to short term duration. There were objective findings upon examination that reproduced concordant headaches. However, there was a lack of documented rationale specifically for the injection. The clinical documentation submitted for review failed to provide documentation of exceptional factors to

warrant a necessity for the treatment. Given the above, the request Occipital Nerve Block right side is not medically necessary.