

<b>Case Number:</b>	CM14-0154708		
<b>Date Assigned:</b>	09/24/2014	<b>Date of Injury:</b>	01/17/2004
<b>Decision Date:</b>	11/26/2014	<b>UR Denial Date:</b>	09/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/22/2014

### 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 Internal Medicine, and is licensed to practice in New York. 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 46 year old woman with a date of injury of 1/17/04. She was seen by her provider on 8/18/14 with complaints of headache, neck and back pain which were gradually worsening. Her medications included Gabapentin, Norco and Prilosec. She is status post occipital nerve blocks in June and October 2013. Her exam showed tenderness over the occipital nerve distribution with normal sensation. She had pain and spasm in her cervical and shoulder musculature with decreased strength in the left upper extremity. Her functional testing and reflexes were normal. Her diagnoses included complex regional pain syndrome upper limb, myofascial muscle pain, and facet arthropathy - cervical and cervical radiculopathy. At issue in this review is the request for an occipital nerve block and cervical trigger point injections.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Occipital nerve block bilateral x 4 a:** 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) Pain Chapter Greater Occipital Nerve Block

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 165-193.

**Decision rationale:** The injured worker is a 46 year old woman with a date of injury of 1/17/04 and chronic pain. The records document a physical exam with pain and spasm but no red flags or indications for specialized treatments such as an occipital injection. The worker has had 2 occipital nerve blocks x 4 in the past and still has chronic pain. Length and degree of efficacy from prior injections is not documented and the medical necessity of occipital nerve blocks is not medically substantiated.

**Bilateral trigger point injections:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point Injections.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 165-193.

**Decision rationale:** The injured worker is a 46 year old woman with a date of injury of 1/17/04 and chronic pain. The records document a physical exam with pain and spasm but no red flags or indications for specialized treatments such as cervical trigger point injections. The worker has had 2 occipital nerve blocks x 4 in the past and still has chronic pain. Length and degree of efficacy from prior injections is not documented and the medical necessity of trigger point injections is not medically substantiated.