

<b>Case Number:</b>	CM14-0024600		
<b>Date Assigned:</b>	06/13/2014	<b>Date of Injury:</b>	07/10/1998
<b>Decision Date:</b>	07/29/2014	<b>UR Denial Date:</b>	02/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/27/2014

### 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 51-year-old female who reported an injury on 07/10/1998. The mechanism of injury was noted to be repetitive stress. The injured worker's prior treatments included physical therapy, medication therapy, transcutaneous electrical nerve stimulation, and acupuncture. The injured worker's diagnosis was noted to be complex regional pain syndrome. The injured worker had a clinical evaluation on 06/03/2014. The injured worker reported pain in her neck, back, and right shoulder. The injured worker reported continued headaches and jaw pain which were eased by injections. The injured worker continued to complain of bilateral arm pain, with right arm numbness, especially at night. The injured worker reported that the transcutaneous electrical nerve stimulator unit and cervical traction unit helped with pain control. She stated trigger point injections helped with pain and spasms. She engages in swimming and aerobics. The examination noted left anterior and posterior shoulder tenderness with palpation. The treatment plan was to continue with psychotherapy, medications, and followup in 4 to 6 weeks. The provider's rationale for the requested Xylocaine injections was not provided within the documentation. A Request for Authorization for medical treatment was not provided within the documentation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**INJECTIONS OF XYLOCAINE TO BILATERAL GREATER OCCIPITAL NERVES ON JANUARY 14, 2014 QUANTITY: (2): 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).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back, Greater occipital nerve block, therapeutic.

**Decision rationale:** The request for injections of xylocaine to bilateral greater occipital nerves on 01/14/2014 (quantity of 2) is not medically necessary. The California MTUS ACOEM Guidelines state, invasive techniques (needle acupuncture and injection procedures, such as injection of trigger points, facet joint, or corticosteroids, Lidocaine, or opioids in the epidural space) have no proven benefit in treating acute neck and upper back symptoms. The ODG states, 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. The clinical evaluation failed to provide an adequate pain assessment. The documentation submitted notes the injured worker stating relief of headaches with medication. It is not clear what the degree of efficacy from prior injections have been. The clinical note does not indicate occipital neuralgia or cervicogenic headaches. The treatment plan did not indicate a concomitant therapy modulation. Therefore, the request for injections of xylocaine to the bilateral greater occipital nerves on 01/14/2014 (quantity of 2) is not medically necessary.

#### **INJECTIONS OF XYLOCAINE TO BILATERAL CERVICAL PARASPINAL MUSCLES ON 1/14/14 QUANTITY (2): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines : CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, TRIGGER POINT INJECTIONS,.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back, Trigger point injections.

**Decision rationale:** The request for injections of xylocaine to the bilateral cervical paraspinal muscles on 01/14/2014 (quantity of 2) is not medically necessary. The California MTUS ACOEM Guidelines state, invasive techniques (needle acupuncture and injection procedures, such as injection of trigger points, facet joint, or corticosteroids, Lidocaine, or opioids in the epidural space) have no proven benefit in treating acute neck and upper back symptoms. The ODG do not recommend trigger point injections in the absence of myofascial pain syndrome. The guidelines also state the effectiveness of trigger point injections is uncertain, in part due to the difficulty of demonstrating advantages of active medication over injection of saline. Needling alone may be responsible for some of the therapeutic response. The only indication with some positive data is myofascial pain; may be appropriate when myofascial trigger points are present on examination. Trigger point injections are not recommended when there are radicular signs, but they may be used for cervicalgia. The injured worker's clinical evaluation on 06/03/2014 did not indicate cervicalgia, nor did it indicate myofascial pain. The injured worker indicated in the

examination that trigger point injections help with pain and spasms; however, there was no indication of the degree of effectiveness before the injections and after the injections. Therefore, the request for injections of xylocaine to the bilateral cervical paraspinal muscles on 01/14/2014 (quantity of 2) is non-medically necessary.