

<b>Case Number:</b>	CM14-0036108		
<b>Date Assigned:</b>	09/05/2014	<b>Date of Injury:</b>	06/04/2013
<b>Decision Date:</b>	10/03/2014	<b>UR Denial Date:</b>	03/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/24/2014

### 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 Family Practice 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 51 year old female who reported an injury on 06/04/2013 due to a fall. The injured worker had diagnoses of occipital neuropathy/neuralgia, musculotendinoligamentous injury of cervical spine, radiculopathy of cervical spine, chronic pain & disability with delayed functional recovery, radiculopathy of lumbar spine. Past treatment included medications, TENS unit, physical therapy, home exercise program, acupuncture, and trigger point injections. Diagnostic testing was not provided. Surgical history was not provided. The injured worker complained of pain to the neck and the middle of the back on 02/11/2014. The injured worker rated her pain at 7/10 and noted it occurred intermittently. The injured worker reported inability to tolerate work activities, activities of daily living were worsened, and mobility and quality of life were decreased. The physical examination of the cervical spine revealed the injured worker had a stooped gait. Tenderness was noted to the paravertebral muscles to the bilateral sides of the cervical spine. The injured worker had full range of motion of the neck without palpable tenderness. The functional examination revealed the injured worker was unable to squat, had difficulty moving from sitting to standing, as well as difficulty going from standing to sitting. The injured worker was assisted with a brace and an assistive device. Medications included ultracet 37.5mg, Lidoderm 5% patch. The treatment plan was for trigger point injections, and greater occipital nerve injection. The rationale for the request was not submitted. The request for authorization form was not submitted.

### 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:** Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point Injections Page(s): 122.

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

**Decision rationale:** The request for trigger point injection is not medically necessary. The injured worker complained of pain to neck and middle back on 02/11/2014. The California MTUS guidelines recommended trigger point injections only for myofascial pain syndrome. Trigger point injection is not recommended for radicular pain, and for typical back pain or neck pain. The guidelines noted there must be documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain, which has persisted for more than three months and was not alleviated by medical management therapies such as ongoing stretching exercises, physical therapy, NSAIDs and muscle relaxants have failed to control pain. The guidelines note radiculopathy should not be present (by exam, imaging, or neuro-testing) and no more than 3-4 injections should be performed per session. Repeat injections are not recommended unless greater than 50% pain relief is obtained for six weeks after an injection and there is documented evidence of functional improvement. The injured worker complained of pain to neck and middle back on 02/11/2014. The injured worker was diagnosed with radiculopathy of the cervical spine and radiculopathy of the lumbar spine; the guidelines state trigger point injections are not recommended for radiculopathy. There is a lack of documentation indicating the injured worker has failed conservative care therapy. The injured worker had prior trigger point injections; however, the date on which the injections were performed and the site at which they were performed were not indicated. There is a lack of documentation of greater than 50% pain relief obtained for the six weeks after the injection and there is no documentation of evidence of functional improvement. Therefore the request for trigger point injection is not medically necessary.

**Greater Occipital Nerve injection:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck - Greater Occipital Nerve Block, Therapeutic

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Neck & upper back, Greater occipital nerve block (GONB)

**Decision rationale:** The request for occipital nerve injection is not medically necessary. The Official Disability Guidelines (ODG) state the use of greater occipital nerve has been recommended by several organizations for the diagnosis of both occipital neuralgia and cervicogenic headaches. Studies on the use of greater occipital nerve block (GONB) for treatment of migraine and cluster headaches show conflicting results, and when positive, have found response limited to a short-term duration. There is a lack of documentation that the injured

worker is being treated for headaches as well as details regarding the frequency of the injured worker's headaches as well as the severity and prior methods of treatment. The guidelines state this treatment is under study. Therefore the request for occipital nerve injection is not medically necessary.

**Functional Restoration Program:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Programs (FRPs) Page(s): 49.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines functional restoration programs Page(s): 30-32.

**Decision rationale:** The request for functional restoration program is not medically necessary. The injured worker complained of pain to the neck and the middle of the back on 02/11/2014. Past treatment included medications, TENS unit, physical therapy, home exercise program, acupuncture, and trigger point injections. The California MTUS guidelines note outpatient pain rehabilitation programs may be considered medically necessary when an adequate and thorough evaluation has been made, including baseline functional testing so follow-up with the same test can note functional improvement. There must be evidence that previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement and the patient has a significant loss of ability to function independently resulting from the chronic pain. There should be evidence that the patient is not a candidate where surgery or other treatments would clearly be and the patient should exhibit the motivation to change, and be willing to forgo secondary gains, including disability payments to effect this change. The guidelines also recommend addressing negative predictors of success. There is a lack of documentation provided including the injured workers treatment since the date of injury. The requesting physician did not include an adequate and thorough evaluation, including baseline functional testing. There is a lack of documentation demonstrating the injured worker is motivated to change. The requesting physician's rationale for the request is not indicated within the provided documentation. Therefore the request for functional restoration program is not medically necessary.