

Case Number:	CM14-0040814		
Date Assigned:	07/11/2014	Date of Injury:	03/08/2013
Decision Date:	09/26/2014	UR Denial Date:	03/18/2014
Priority:	Standard	Application Received:	04/07/2014

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 Occupational Medicine 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:

This is a 70 year old female with a 3/8/13 injury date. She sustained an industrial injury when she was hit by a basketball. On 3/3/14, she complains of headache, left-sided neck pain, and left-sided neck ache. Objective findings include 60-70% loss of hearing left ear compared to right, mild to moderate distress, grimacing, flinching, reduced verbalization, guarded movements, limited mobility, mild tenderness over the occipital groove, moderate tenderness over the left occipital groove, and lateral rotation on the left moderately restricted. There are trigger points with muscular twitch response and left greater occipital neuralgia. Diagnostic impression: post-concussion syndrome, other headache syndromes, otorrhea, cervicgia. Treatment to date: medication management. A previous UR decision on 3/18/14 denied the requests for ultrasound guided trigger point injection, occipital nerve block, and physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultra Sound Guided Trigger Point Injection: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Head.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2. (Trigger Point Injecitons) Page(s): 122.

Decision rationale: MTUS criteria for trigger point injections include chronic low back or neck pain with myofascial pain syndrome with circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain; symptoms for more than three months; medical management therapies have failed; radiculopathy is not present; and no more than 3-4 injections per session. Additionally, repeat injections are not recommended unless greater than 50% pain relief has been obtained for six weeks following previous injections, including functional improvement. The previous UR decision does not clearly address or justify the decision to deny "ultrasound guided trigger point injection." In the present case, there is clear documentation that the patient has trigger points in the left cervical musculature and left trapezius, and there are muscular twitch responses. The patient has had symptoms for more than one year and medications have been tried without much success. In addition, there is no objective evidence of radiculopathy. Current guidelines appear to support trigger point injection in this case. Therefore, the request for ultrasound guided trigger point injection is medically necessary.

Occipital Nerve Block: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Head.

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, Neck Chapter.

Decision rationale: CA MTUS does not address this issue. ODG states that greater occipital nerve injection is under study for treatment of occipital neuralgia and cervicogenic headaches and there is little evidence that the block provides sustained relief. Current guidelines do not appear to support this line of treatment. Therefore, the request for occipital nerve block is not medically necessary.

Physical Therapy 2-3 Visits x 4-6 Weeks (18 Visits) Cervical Spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Physical Therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy Page(s): 98-99. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM): General Approaches: ACOEM Pain, Suffering, and the Restoration of Function Chapter 6 (page 114). Official Disability Guidelines (ODG): Physical Therapy Guidelines.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines support an initial course of physical therapy with objective functional deficits and functional goals. CA MTUS stresses the importance of a time-limited treatment plan with clearly defined functional goals, frequent assessment and modification of the treatment plan based upon the patient's progress in

meeting those goals, and monitoring from the treating physician regarding progress and continued benefit of treatment is paramount. Physical Medicine Guidelines - Allow for fading of treatment frequency. In the present case, there are no previous physical therapy visits documented. For initial treatment of cervicalgia, guidelines support 9 visits over 8 weeks. Therefore, the request for Physical Therapy 2-3 Visits x 4-6 Weeks (18 Visits) Cervical Spine is not medically necessary.