

<b>Case Number:</b>	CM14-0049506		
<b>Date Assigned:</b>	06/25/2014	<b>Date of Injury:</b>	03/03/2010
<b>Decision Date:</b>	12/31/2014	<b>UR Denial Date:</b>	02/21/2014
<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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 40-year old female with an injury date on 03/03/2010. Based on the 02/12/2014 progress report provided by the treating physician, the patient complains of overall "pain in the neck and shoulder regions." Pain is rated as a 2/10 that is intermittently in duration. Physical exam of the cervical spine shows muscular tenderness. Range of motion is decreased. The 01/28/2014 report indicates the patient "is here for combined right greater occipital nerve block and right trigger point injections. This is the first injection in a possible series of three." Per this report, the patient's diagnoses are: 1. Myositis. 2. Occipital headache. 3. Cervical postlaminectomy syndrome. There were no other significant findings noted on this report. The utilization review denied the request for Trigger point injection #2 and Greater occipital nerve block #2 on 02/21/2014 based on the ODG guidelines. The requesting physician provided treatment reports from 09/11/2013 to 02/12/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Trigger point injection #2:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines trigger point injections (TPIs\_.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines trigger point injections Page(s): 22.

**Decision rationale:** According to the 02/12/2014 report, this patient presents with overall pain in the neck and shoulder regions. Per this report, the current request is for Trigger point injection #2. Regarding trigger point injections, MTUS guidelines page 122 requires (1) documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain; (2) Symptoms have persisted for more than three months; (3) Medical management therapies such as ongoing stretching exercises, physical therapy, NSAIDs and muscle relaxants have failed to control pain; (4) Radiculopathy is not present (by exam, imaging, or neuro-testing). In this case, the treating physician has fail to document circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain of the patient. Based on available information, trigger point injections are not indicated. Therefore, Trigger point injection #2 is not medically necessary.

**Greater occipital nerve block #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) greater occipital nerve block (GONB) and neck chapter

**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 for: Greater occipital nerve block (GONB)

**Decision rationale:** According to the 02/12/2014 report, this patient presents with overall pain in the neck and shoulder regions. Per this report, the current request is for Greater occipital nerve block #2. Regarding occipital nerve block, ODG guidelines state under study for use in treatment of primary 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. Moreover, per ODG, the requested procedure is under study and currently there is conflicting results with only short term benefit. Greater occipital nerve block #2 is not medically necessary.