

Case Number:	CM14-0096396		
Date Assigned:	07/25/2014	Date of Injury:	03/08/2005
Decision Date:	09/09/2014	UR Denial Date:	05/29/2014
Priority:	Standard	Application Received:	06/20/2014

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 patient is a 33 year old male who sustained an injury on 03/08/2005. The mechanism of injury is unknown. The patient received trigger point injections on 03/12/2014, 04/12/2014 and 05/06/2014 and received greater than 50% pain relief. Progress report dated 05/06/2014 indicates the patient has complained of pain in the right neck and shoulder with headache pain, numbness and tingling. On exam, he had tenderness and painful trigger point activity in the right paracervical and trapezium musculature with circumscribed myofascial trigger points and jump response noted during palpation. Range of motion is limited due to pain. Diagnoses are cervical post-surgical syndrome, cervicogenic headaches, and cervical radiculopathy. His medications were refilled to include Tramadol 50 mg, Fioricet, and Prevacid. Prior utilization review dated 05/29/2014 states the request for Right Occipital Nerve Block, Right Cervical and Trapezius Trigger Point Injection is denied as occipital nerve blocks are not supported as medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right 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 - Occipital nerve block - Greater occipital nerve block.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Neck chapter, Greater occipital nerve block, therapeutic.

Decision rationale: According to the Official Disability Guidelines, Greater occipital nerve block (GONB) is 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. It may have a role in differentiating between cervicogenic headaches, migraine headaches, and tension-headaches. In the absence of documentation of the patient's response to accepted treatment interventions, the indication of this treatment modality, and as this modality is still under study, the request of occipital Nerve block, is not medically necessary according to the guidelines.

Right Cervical and Trapezius Trigger Point Injection: 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 based on Non-MTUS Citation Official Disability Guidelines (ODG): Pain chapter, Trigger point injections.

Decision rationale: According to CA MTUS, trigger point injections with a local anesthetic may be recommended for the treatment of chronic low back or neck pain with myofascial pain syndrome when all of the following criteria are met:(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. However in this case, there is no indication that symptoms have persisted for more than three months, and have not been response to medical therapies such as ongoing stretching exercises, physical therapy, judicious use of NSAIDs and muscle relaxants. Therefore, the request is considered not medically necessary.