

Case Number:	CM14-0186451		
Date Assigned:	11/14/2014	Date of Injury:	01/04/2012
Decision Date:	01/05/2015	UR Denial Date:	10/23/2014
Priority:	Standard	Application Received:	11/10/2014

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 Anesthesiology, has a subspecialty in Pain Management, and is licensed to practice in Georgia. 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 54 year old female sustained work related industrial injuries on January 04, 2012. According to the agreed medical evaluation dated November 7, 2013, the mechanism of injury involved falling down descending stairs at workplace in landing on buttocks and right elbow. The injured worker's most recent complaints consist of pain in the upper, middle and lower back and neck radiating to the right arm and right calf. According to the treating physician notes on October 09, 2014, the injured worker described the pain as an ache, deep, sharp and spasms. The symptoms are aggravated by bending, changing positions, coughing, daily activities, extension, flexion, lifting, lying, resting, pushing, and rolling over in bed, sitting, sneezing, standing and twisting. Symptoms are relieved by heat, ice, lying down, massage, pain meds and transcutaneous electrical nerve stimulation (TENS). The injured worker's diagnoses included occipital neuralgia, chronic myalgia and myositis, chronic calcifying tendinitis of the shoulder, carpal tunnel syndrome, carpal tunnel release, chronic pain syndrome, chronic degeneration of cervical intervertebral disc, chronic neck pain, headache cervical facet joint pain, pain in joint involving other specified sites and chronic use of pain medication. Treatment consisted of magnetic resonance imaging (MRI) of cervical spine (7/19/2012) and brain (8/14/2014), laboratory studies, prescribed medications, consultations, psychotherapy and periodic follow up evaluations. Magnetic Resonance Imaging (MRI) of cervical spine revealed multilevel degenerative disc disease of the cervical spine with loss of cervical lordosis. MRI of the brain revealed possible sequela of migraine, otherwise negative. As of July 11, 2012, the injured worker's work status remains temporarily totally disabled. The treating physician prescribed services for one bilateral occipital nerve block and three trigger point injections to bilateral upper back and neck now under review. On October 23, 2014, Utilization Review evaluated the prescription for one bilateral occipital nerve block and three trigger point injections to bilateral

upper back and neck requested on October 9, 2014. Upon review of the clinical information, UR noncertified the request noting that the AME report indicated that the Botox Injections usually do not bring about long term benefits. Additionally, UR noted that according to the ODG, trigger points are not recommended in the absence of myofascial pain syndrome and that there was no myofascial trigger points present on examination. This UR decision was subsequently appealed to the Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral occipital nerve block QTY: 1.00: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head and Neck Pain, Treatment Consideration

Decision rationale: Bilateral Occipital Nerve Block Qty: 1.00 is not medically necessary. The official disability guidelines state that greater occipital nerve blocks are under study for the use of treatment of primary headaches. The ODG also states that the use of greater occipital nerve blocks for the treatment of migraines show conflicting results. Additionally, the ODG states that there is little evidence that the block provides sustained relief, and if employed, it is best used with concomitant therapy modulations. The claimant's headaches seem consistent with migraines and per ODG, occipital nerve blocks for migraines are investigational. Additionally, there was no additional recommendation made for concomitant therapy modulation; therefore, the requested service is not medically necessary.

Trigger point injections to bilateral upper back and neck QTY: 1.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point Injections Page(s): 84.

Decision rationale: Trigger point injections to bilateral upper back and neck QTY: 1.00 is not medically necessary. Per Ca MTUS guidelines which states that these injections are recommended for low back or neck pain with myofascial pain syndrome, when there is documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain. The claimant's medical records do not document the presence or palpation of trigger points upon palpation of a twitch response along the area of the muscle where the injection is to be performed; therefore the requested service is not medically necessary.

Trigger point injections to bilateral upper back and neck QTY: 1.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point Injections Page(s): 84.

Decision rationale: Trigger point injections to bilateral upper back and neck QTY: 1.00 is not medically necessary. Per Ca MTUS guidelines which states that these injections are recommended for low back or neck pain with myofascial pain syndrome, when there is documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain. The claimant's medical records do not document the presence or palpation of trigger points upon palpation of a twitch response along the area of the muscle where the injection is to be performed; therefore the requested service is not medically necessary.

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