

Case Number:	CM14-0191506		
Date Assigned:	11/25/2014	Date of Injury:	06/12/2012
Decision Date:	01/09/2015	UR Denial Date:	11/04/2014
Priority:	Standard	Application Received:	11/17/2014

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:

The patient is a 57-year-old male presenting with a work-related injury on June 12. According to medical records the physician noted that the patient had failed all antidepressant, including for treatment of myofascial pain syndrome, antidepressants, dual action antidepressant, and neuromodulatory agents as well as the ultrasound. The patient was diagnosed with post traumatic stress disorder. The patient complained of headaches that occur later in the day in the frontal region radiating to the back of the neck. The patient has tried benzodiazepines including that. Patient also tried nortriptyline at night. The physician noted that the Cymbalta posterior cervical - occipital region radiating to the protect and affecting his cognitive ability; there were tenderness over the cervical paraspinal muscle region and insert into the base of the skull; range of motion of the neck was mildly decreased; there's diffuse tenderness over the paracervical region from the base of the skull to the trapezii upper thoracic spine. The provider recommended as the research injection for tension type headache.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trigger Point Injections of the cervical spine for headaches: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 122.

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

Decision rationale: Trigger Point Injections of the cervical spine for headaches 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.