

<b>Case Number:</b>	CM14-0193620		
<b>Date Assigned:</b>	12/01/2014	<b>Date of Injury:</b>	06/07/2012
<b>Decision Date:</b>	01/13/2015	<b>UR Denial Date:</b>	11/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/19/2014

### 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:

According to the records made available for review, this is a 35-year-old female with a 6/7/12 date of injury. At the time (10/10/14) of request for authorization for EEG with possible TMS/MRT treatment, Ultrasound guided trigger point injections, and Bilateral Greater optical nerve blocks, there is documentation of subjective (headache and neck pain) and objective (spasms noted over the bilateral cervicobrachial muscles, tenderness over the neck area, no edema, no ecchymosis, full range of motion without pain, and normal strength and tone) findings, current diagnoses (concussion, chronic daily headache, and chronic pain), and treatment to date (medications). Medical reports identify that the plan is for Greater Occipital Nerve Block. Regarding EEG with possible TMS/MRT treatment, there is no documentation of migraine with aura; that TMS is not to be used more than once every 24 hours; no suspected epilepsy or family history of seizures, any metal device implanted in the head, neck or upper body, or a pacemaker or deep brain stimulator. Regarding Ultrasound guided trigger point injections, there is no documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain; and no more than 3-4 injections per session.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EEG with possible TMS/MRT treatment:** 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, Transcranial magnetic stimulation (TMS)

**Decision rationale:** MTUS does not address this issue. ODG identifies documentation of migraine with aura; TMS not to be used more than once every 24 hours; TMS not to be used in patient with suspected epilepsy or family history of seizures, and patient with any metal device implanted in the head, neck or upper body, or a pacemaker or deep brain stimulator; and that rental is preferred for an initial trial, as criteria necessary to support the medical necessity of Transcranial magnetic stimulation (TMS). Within the medical information available for review, there is documentation of diagnoses of concussion, chronic daily headache, and chronic pain. However, there is no documentation of migraine with aura; that TMS is not to be used more than once every 24 hours; and no suspected epilepsy or family history of seizures, and any metal device implanted in the head, neck or upper body, or a pacemaker or deep brain stimulator. Therefore, based on guidelines and a review of the evidence, the request for EEG with possible TMS/MRT treatment is not medically necessary.

**Ultrasound guided trigger point injections:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Trigger point injections.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Trigger point injections Page(s): 122.

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of myofascial pain syndrome; circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain; symptoms have persisted for more than three months; medical management therapies such as ongoing stretching exercises, physical therapy, NSAIDs and muscle relaxants have failed to control pain; radiculopathy is not present (by exam, imaging, or neuro-testing); and no more than 3-4 injections per session, as criteria necessary to support the medical necessity of trigger point injections. Additionally, MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of greater than 50% pain relief is obtained for six weeks after an injection, documented evidence of functional improvement, and injections not at an interval less than two months, as criteria necessary to support the medical necessity of repeat trigger point injections. Within the medical information available for review, there is documentation of diagnoses of concussion, chronic daily headache, and chronic pain. In addition, there is documentation that symptoms have persisted for more than three months; medical management therapies such as ongoing stretching exercises, physical therapy, NSAIDs and muscle relaxants have failed to control pain; and radiculopathy is not present. However, despite documentation of objective (spasms noted over the bilateral cervicobrachial muscles and tenderness over the neck area) findings, there is no documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as

referred pain. In addition, given no documentation of the number of the injections requested, there is no documentation of no more than 3-4 injections per session. Therefore, based on guidelines and a review of the evidence, the request for Ultrasound guided trigger point injections is not medically necessary.

**Bilateral Greater optical nerve blocks:** 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, Greater Occipital Nerve Block (GONB)

**Decision rationale:** MTUS does not address this issue. ODG identifies that Greater occipital nerve block (GONB) is under study for use in treatment of primary headaches and studies on the use of greater occipital nerve block (GONB) for treatment of migraine and cluster headaches show conflicting results. Therefore, based on guidelines and a review of the evidence, the request for Bilateral Greater optical nerve blocks is not medically necessary.