

<b>Case Number:</b>	CM14-0197154		
<b>Date Assigned:</b>	12/05/2014	<b>Date of Injury:</b>	01/27/1995
<b>Decision Date:</b>	01/27/2015	<b>UR Denial Date:</b>	10/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/24/2014

### 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 Rehab, 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:

This 59 year-old nurse sustained an injury on 1/27/1995 when an infant crib rail fell and struck the side of her head and neck while employed by [REDACTED]. Request(s) under consideration include Trigger Point Injection in Upper Quarter 5 Sites; Suboccipital, C Paraspinal, L/S, Upper Traps Bilaterally Monthly x3. Diagnoses include occipital neuralgia. Conservative care has included medications, therapy, acupuncture, Myofascial trigger point injections, Botox injections, and modified activities/rest. Medications include Dilaudid, Celebrex, Flexeril, Topamax, Sumavel, and Treximet. The patient continues to treat for chronic ongoing symptom complaints. Reports of 8/4/14 and 9/25/14 from the provider noted continued headaches. It was noted the patient remained responsive to botulinum toxin injections and acupuncture which allow her to maintain high level of functional control, minimizing lost days. Objective findings were brief noting "AOR, stable exam, overall doing well." Peer to peer discussion by utilization reviewer noted the provider is requesting the trigger point injections in advanced in anticipation the patient may have migraine headache breakthrough despite extensive medication regimen. The request(s) for Trigger Point Injection in Upper Quarter 5 Sites; Suboccipital, C Paraspinal, L/S, Upper Traps Bilaterally Monthly x3 was non-certified on 10/28/14 citing guidelines criteria and lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Trigger Point Injection in Upper Quarter 5 Sites; Suboccipital, C Paraspinal, L/S, Upper Traps Bilaterally Monthly x3: 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 injection Page(s): 122.

**Decision rationale:** This 59 year-old nurse sustained an injury on 1/27/1995 when an infant crib rail fell and struck the side of her head and neck while employed by [REDACTED]. Request(s) under consideration include Trigger Point Injection in Upper Quarter 5 Sites; Suboccipital, C Paraspinal, L/S, Upper Traps Bilaterally Monthly x3. Diagnoses include occipital neuralgia. Conservative care has included medications, Therapy, Acupuncture, Myofascial Trigger Point Injections, Botox Injections, and modified activities/rest. Medications include Dilaudid, Celebrex, Flexeril, Topamax, Sumavel, and Treximet. The patient continues to treat for chronic ongoing symptom complaints. Reports of 8/4/14 and 9/25/14 from the provider noted continued headaches. It was noted the patient remained responsive to botulinum toxin injections and acupuncture which allow her to maintain high level of functional control, minimizing lost days. Objective findings were brief noting "AOR, stable exam, overall doing well." Peer to peer discussion by utilization reviewer noted the provider is requesting the trigger point injections in advanced in anticipation the patient may have migraine headache breakthrough despite extensive medication regimen. The request(s) for Trigger Point Injection in Upper Quarter 5 Sites; Suboccipital, C Paraspinal, L/S, Upper Traps Bilaterally Monthly x3 was non-certified on 10/28/14. The goal of TPI's is to facilitate progress in PT and ultimately to support patient success in a program of home stretching exercise. There is no documented failure of previous therapy treatment. Submitted reports have no specific documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain. In addition, Per MTUS Chronic Pain Treatment Guidelines, criteria for treatment request include documented clear clinical deficits impairing functional ADLs; however, in regards to this patient, there are no exam findings identifying neurological or musculoskeletal deficits and abnormalities. Additionally, treatment procedure cannot be authorized without specific clinical findings and presentation and requested in anticipation of failure when the patient has no ADL deficits and is working regular duty. Medical necessity for Trigger point injections has not been established and does not meet guidelines criteria. The Trigger Point Injection in Upper Quarter 5 Sites; Suboccipital, C Paraspinal, L/S, Upper Traps Bilaterally Monthly x3 is not medically necessary and appropriate.