

<b>Case Number:</b>	CM15-0006700		
<b>Date Assigned:</b>	01/26/2015	<b>Date of Injury:</b>	09/15/1997
<b>Decision Date:</b>	12/03/2015	<b>UR Denial Date:</b>	12/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/12/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: California, Oregon, Washington  
 Certification(s)/Specialty: Orthopedic Surgery

### 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 injured worker is a 63 year old male, who sustained an industrial injury on 9-15-1997. Medical records indicate the worker is undergoing treatment for neck pain, headaches and thoracic pain. The most recent progress reports dated 11-3-2014, 11-6-2014, 11-7-2014 and 11-18-2014, contained no subjective complaints or objective findings, only diagnoses. A progress note from 7-18-2014 reported the injured worker complained of tension headache rated 8 out of 10, mid back and thoracic pain rated 6 out of 10 and neck pain rated 7 out of 10. Physical examination on 7-18-2014 showed painful cervical range of motion. A pain evaluation on 9-3-2014 reported pain improvement with physical therapy and massage therapy, but with continued headaches. Treatment to date has included massage, home exercise program, physical therapy, occipital nerve block that provided 70% relief for greater than 3 weeks and medication management. The physician is requesting three trigger point injections, two to three injections over three to four months, for the cervical spine and One occipital nerve block injection for cervical spine pain. On 12-18-2014, the Utilization Review non-certified the request for Three trigger point injections, two to three injections over three to four months, for the cervical spine and One occipital nerve block injection for cervical spine pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Three trigger point injections, two to three injections over three to four months, for the cervical spine:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Trigger point injections.

**Decision rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines, Trigger point injections, page 122 states, recommended only for myofascial pain syndrome as indicated below, with limited lasting value. Not recommended for radicular pain. Trigger point injections with an anesthetic such as Bupivacaine are recommended for non-resolving trigger points, but the addition of a corticosteroid is not generally recommended. In this case the exam notes from 7/18/14 demonstrate no evidence of myofascial pain syndrome and the claimant has evidence of radiculopathy. Therefore the determination is for non-certification. The request is not medically necessary.

**One occipital nerve block injection for cervical spine pain:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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, therapeutic.

**Decision rationale:** Per ODG Head / Greater occipital nerve block, therapeutic: "Under study for treatment of occipital neuralgia and cervicogenic headaches. There is little evidence that the block provides sustained relief, and if employed, is best used with concomitant therapy modulations. (Biondi, 2005) Current reports of success are limited to small, non-controlled case series. Although short-term improvement has been noted in 50-90% of patients, many studies only report immediate post-injection results with no follow-up period. In addition, there is no gold-standard methodology for injection delivery, nor has the timing or frequency of delivery of injections been researched. (Haldeman, 2001) (Inan, 2001) (Vincent, 1998) Limited duration of effect of local anesthetics appears to be one factor that limits treatment and there is little research as to the effect of the addition of corticosteroid to the injectate. (Bogduk, 2004) See also Greater occipital nerve block, diagnostic and the Head Chapter." Per ODG guidelines there is no indication for occipital nerve block for cervical spine pain. Thus the recommendation is for non-certification. The request is not medically necessary.