

Case Number:	CM15-0109692		
Date Assigned:	06/09/2015	Date of Injury:	06/13/2014
Decision Date:	07/09/2015	UR Denial Date:	05/08/2015
Priority:	Standard	Application Received:	05/15/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 (IW) is a 29-year-old female who sustained an industrial injury on 06/13/2014. Diagnoses include head trauma, posttraumatic headache with cervicogenic component, occipital neuralgia, cervical spasm with secondary cervical dystonia and disorder of sleep and arousal. CT scans of the head and brain were negative. Electromyography done on 2/27/15 found evidence that supported cervical radiculopathy. MRI of the cervical spine on 8/1/14 showed minor disc degenerative changes at C5-6 and C6-7 with central canal and neural foraminal patency. Treatment to date has included medications, acupuncture, chiropractic and physical therapy. According to the Complex Consultation-Consultative Report dated 4/20/15, the IW reported ongoing neck and shoulder pain, stiffness and spasm. There was intermittent tingling and weakness of the arms and hands. She was having difficulty sleeping. She also noted her eye was twitching and she occasionally had to blink her eyes and there was blurring or double vision. She also reported pressure-type headaches that throbbed, occurring two to three times a week and lasting all day, originating mostly in the right suboccipital area. The headaches were worse with neck spasms. The pain was causing difficulties with memory and concentration. On examination, flexion, extension and lateral bending were guarded and less than 20 degrees due to pain. Pressure over the suboccipital area produced pain. A request was made for four occipital nerve block injections; cervical trigger point injections and eight acupuncture visits for the cervical spine, twice weekly for four weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Occipital Nerve Blocks x4: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 13th Edition (web) 2015, Neck, Upper Back- Greater Occipital Nerve Block.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG- Head Chapter and pg 20.

Decision rationale: According to the guidelines, occipital nerve blocks are under study for use in treatment of primary headaches. Studies on the use of greater occipital nerve block (GONB) for treatment of migraine and cluster headaches show conflicting results, and when positive, have found response limited to a short-term duration. The claimant did not have a primary headache but rather post-traumatic and cervicogenic headaches. The request for a occipital nerve block is not medically necessary.

Cervical trigger point injections x8: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 174-175. Decision based on Non-MTUS Citation ODG- pain chapter- trigger point injections and pg 90.

Decision rationale: According to the ACOEM guidelines, trigger point injections are not recommended. Invasive techniques are of questionable merit. The treatments do not provide any long-term functional benefit or reduce the need for surgery. In addition, the guidelines do not recommend more than 3-4 injections at a time. Therefore, the request for cervical trigger point injection is not medically necessary.

8 Acupuncture visits for the cervical, 2 visits per week for 4 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: According to the guidelines, "Acupuncture" is used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Expected time to see improvement is 3-6 sessions. The claimant had already completed an unknown amount of acupuncture sessions without mention of progress notes. In this case, the request for 8 sessions exceeds the guideline recommendations and is therefore not medically necessary.