

<b>Case Number:</b>	CM15-0136115		
<b>Date Assigned:</b>	07/24/2015	<b>Date of Injury:</b>	09/21/2011
<b>Decision Date:</b>	08/25/2015	<b>UR Denial Date:</b>	06/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/14/2015

### 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: Texas, New York, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 applicant is a represented 63-year-old who has filed a claim for chronic low back, knee, neck, and wrist pain with derivative complaints of headaches reportedly associated with an industrial injury of December 21, 2011. In a Utilization Review report dated June 18, 2015, the claims administrator failed to approve requests for eight trigger point injections, four occipital nerve blocks, and 10 sessions of physical therapy. The claims administrator referenced an RFA form received on June 15, 2015 and an associated progress note of June 6, 2015 in its determination. The claims administrator stated that the applicant had undergone earlier lumbar fusion surgery and had received multiple epidural steroid injections over the course of the claim. The applicant's attorney subsequently appealed. On an RFA form dated June 9, 2015, trigger point injections, occipital nerve blocks, and the physical therapy in question were sought. In an associated consultation of June 9, 2015, the applicant reported ongoing complaints of neck pain, cervicogenic headaches, mixed migraine headaches, sleep disturbance and low back pain. The applicant had undergone two failed lumbar spine surgeries with associated residuals, it was reported. The applicant also reported issues with photosensitivity associated with her headaches. The note was difficult to follow as it mingled historical issues with current issues. It was reiterated that the applicant had had a poor outcome following the lumbar spine surgery and continued to report right lower extremity radicular pain complaints. The applicant was off of work and had last worked in September 2011, it was acknowledged. The applicant had had extensive manipulative therapy over the course of the claim, it was reported. Ten sessions of physical therapy, eight trigger point injections, and four greater and lesser nerve blocks were

endorsed. The applicant was described as taking multiple medications, apparently being furnished by other providers. The names of these medications were not furnished. In a January 14, 2015 progress note, the applicant was given prescriptions for Baclofen, Neurontin, and Norco.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Bilateral trigger point injections time eight for cervical spine: Upheld**

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

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

**Decision rationale:** No, the request for bilateral trigger point injections x8 was not medically necessary, medically appropriate, or indicated here. As noted on page 122 of the MTUS Chronic Pain Medical Treatment Guidelines, trigger point injections are not recommended for applicants with radicular pain. Here, the applicant's primary pain generator was, in fact, lumbar Radiculopathy, as reported above. The applicant had undergone multiple failed lumbar spine surgeries and continued to report complaints of low back pain radiating into the right leg, it was noted on the June 9, 2015 progress note in question. The applicant's superimposed radicular pain complaints, thus, argued against the presence of myofascial pain syndrome for which trigger point injections would have been indicated. Similarly, the applicant's ancillary allegations of cervicogenic headaches, mixed migraine-type headaches, sleep disturbance, etc., also noted on June 9, 2015 further argued against the presence of a myofascial pain syndrome for which trigger point injections could have been considered. Finally, the attending provider's request for eight trigger point injections in on session represented treatment in excess of the "3-4 injections per session" limit set forth on page 122 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.

#### **Occipital nerve blocks with Marcaine Injections 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), Head Chapter, Greater occipital nerve block (GONB); Neck Chapter, Greater occipital nerve block (GONB).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 48-49. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 3rd ed., Chronic Pain, pg. 850.

**Decision rationale:** Similarly, the request for occipital nerve blocks with Marcaine injections was likewise not medically necessary, medically appropriate, or indicated here. While the MTUS does not specifically address the topic of occipital nerve blocks, the MTUS Guideline in ACOEM Chapter 3, page 48 notes that injections of corticosteroids or anesthetics or both, in general, should be reserved for applicants who do not improve with

more conservative therapies. The MTUS Guideline in ACOEM Chapter 3, Table 3-1, page 49 also notes that steroid injections are deemed optional. Here, the attending provider failed to furnish a rationale for pursuit of multiple different injections, namely occipital nerve blocks and trigger point injections in the face of the tepid ACOEM positions on the same. While the Third Edition ACOEM Guidelines do recommend local anesthetic injections including greater occipital nerve blocks for diagnosing chronic pain, the Third Edition ACOEM Guidelines Chronic Pain Chapter qualifies its position by noting that there are no quality studies demonstrating that repeated such injections are effective in the long-term management of chronic localized pain. Here, the attending provider's request for four such occipital nerve blocks, thus, ran counter to both to the tepid position on local anesthetic injections set forth in the MTUS Guideline in ACOEM Chapter 3, pages 48-49 and to the Third Edition ACOEM Guidelines Chronic Pain Chapters position against repeated local anesthetic injections for chronic localized pain. Therefore, the request was not medically necessary.

**Physical Therapy 2x5 for cervical spine, QTY: 10: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck Chapter and on the Non-MTUS ACOEM Practice Guidelines, Chapter 6: Pain, Suffering, Restoration of Function, page 114.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines; Functional Restoration Approach to Chronic Pain Management Page(s): 99; 8.

**Decision rationale:** Finally, the request for 10 sessions of physical therapy for the cervical spine was likewise not medically necessary, medically appropriate, or indicated here. While page 99 of the MTUS Chronic Pain Medical Treatment Guidelines does support a general course of 9-10 sessions of treatment for myalgias and myositis of various body parts, the diagnoses reportedly present here, this recommendation is, however, qualified by commentary made on page 8 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that demonstration of functional improvement is necessary at various milestones in the treatment program in order to justify continued treatment. Here, however, the applicant was off of work, it was reported on July 9, 2015. The applicant had last worked in September 2011, it was reported, was apparently receiving both Workers Compensation indemnity benefits and disability insurance benefits it was reported on that date. A historical progress note of January 14, 2015 suggested that the applicant remained dependent on a variety of analgesic and adjuvant medications to include baclofen, Neurontin, Norco, etc. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite receipt of earlier unspecified amounts of physical therapy over the course of the claim. Therefore, the request for an additional 10 sessions of physical therapy for the cervical spine was not medically necessary.