

<b>Case Number:</b>	CM15-0169941		
<b>Date Assigned:</b>	09/10/2015	<b>Date of Injury:</b>	07/10/1998
<b>Decision Date:</b>	10/08/2015	<b>UR Denial Date:</b>	08/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/28/2015

### 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

Certification(s)/Specialty: Emergency 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:

This 51 year old female sustained an industrial injury to the neck and upper extremities on 7-10-98. Previous treatment included cervical traction, transcutaneous electrical nerve stimulator unit, injections, swimming and medications. In a PR-2 dated 7-21-15, the injured worker complained of persistent increased back and right shoulder pain as well as persistent neck, bilateral arm and jaw pain associated with headaches and right arm numbness. Physical exam was remarkable for left anterior and posterior shoulder tenderness to palpation with positive left impingement signs. The injured worker was well developed, well nourished; alert, awake and oriented times three with fluent speech and intact comprehension. The injured worker's affect was anxious with depressive signs. Current diagnoses included ulnar neuropathy of elbows, complex regional pain syndrome and chronic pain syndrome with depression. The physician noted that the injured worker had magnetic resonance imaging of the cervical spine and thoracic spine done at [REDACTED] but the results were unavailable. The injured worker received bilateral greater occipital nerve and bilateral cervical paraspinal muscle injections during the office visit. The treatment plan included continuing psychotherapy, transcutaneous electrical nerve stimulator unit, cervical traction and continuing medications (Amrix, Phenergan, Ambien, Lidoderm patch, Percocet, Senna, Miralax, Midrin, Lyrica and topical non-steroidal anti-inflammatory medications). On 8-20-15, Utilization Review noncertified a request for retrospective bilateral greater occipital nerve injected with 2cc 1% Xylocaine and bilateral cervical paraspinal muscles injected with 2cc 1% Xylocaine for DOS 7-21-15, noting lack of documentation supporting occipital neuralgia and no evidence of trigger points on exam.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Retrospective bilateral greater occipital nerve injected with 2cc 1% Xylocaine for DOS 7/21/15: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back.

**MAXIMUS guideline:** The Expert Reviewer 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).

**Decision rationale:** The requested Retrospective bilateral greater occipital nerve injected with 2cc 1% Xylocaine for DOS 7/21/15, is not medically necessary. California Medical Treatment Utilization Schedule (MTUS) does not address this request. Official Disability Guidelines (ODG), Head chapter, state: "Greater occipital nerve block (GONB) 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 injured worker has increased back and right shoulder pain as well as persistent neck, bilateral arm and jaw pain associated with headaches and right arm numbness. Physical exam was remarkable for left anterior and posterior shoulder tenderness to palpation with positive left impingement signs. The injured worker was well-developed, well-nourished, alert, awake and oriented times three with fluent speech and intact comprehension. The injured worker's affect was anxious with depressive signs. The treating physician has not documented sufficient exam evidence indicative of occipital neuralgia nor evidence based medical literature noting long-term functional improvement from the use of these blocks. The criteria noted above not having been met, Retrospective bilateral greater occipital nerve injected with 2cc 1% Xylocaine for DOS 7/21/15 is not medically necessary.

### **Retrospective bilateral cervical paraspinal muscles injected with 2cc 1% Xylocaine for DOS 7/21/15: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back.

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

**Decision rationale:** The requested Retrospective bilateral cervical paraspinal muscles injected with 2cc 1% Xylocaine for DOS 7/21/15, is not medically necessary. Chronic Pain Medical Treatment Guidelines, Trigger Point Injections, Page 122, note, "Trigger point injections with a local anesthetic may be recommended for the treatment of chronic low back or neck pain with

myofascial pain syndrome when all of the following criteria are met: (1) Documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain; (2) Symptoms have persisted for more than three months; (3) Medical management therapies such as ongoing stretching exercises, physical therapy, NSAIDs and muscle relaxants have failed to control pain; (4) Radiculopathy is not present (by exam, imaging, or neuro-testing); (5) Not more than 3-4 injections per session; (6) No repeat injections unless a greater than 50% pain relief is obtained for six weeks after an injection and there is documented evidence of functional improvement; (7) Frequency should not be at an interval less than two months; (8) Trigger point injections with any substance (e.g., saline or glucose) other than local anesthetic with or without steroid are not recommended." The injured worker has increased back and right shoulder pain as well as persistent neck, bilateral arm and jaw pain associated with headaches and right arm numbness. Physical exam was remarkable for left anterior and posterior shoulder tenderness to palpation with positive left impingement signs. The injured worker was well developed, well nourished, alert, awake and oriented times three with fluent speech and intact comprehension. The injured worker's affect was anxious with depressive signs. The treating physician has not documented a twitch response on physical exam. The treating physician has not documented the criteria percentage or duration of relief from previous injections. The criteria noted above not having been met, Retrospective bilateral cervical paraspinal muscles injected with 2cc 1% Xylocaine for DOS 7/21/15 is not medically necessary.