

Case Number:	CM15-0181065		
Date Assigned:	09/22/2015	Date of Injury:	02/01/1998
Decision Date:	11/02/2015	UR Denial Date:	09/04/2015
Priority:	Standard	Application Received:	09/14/2015

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: Florida
 Certification(s)/Specialty: Neurology, Pain Management

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 49 year old female who sustained an industrial injury February 1, 1998. Past history included gastric bypass, lumbar fusion, neck fusion, and chronic pain syndrome. According to a physician's assistants quick note, dated August 26, 2015, the injured worker presented to the clinic for an increase in her IT (intrathecal) pump settings. She has recently been changed to Fentanyl and an adequate dose has yet to be titrated. She reports she is working on decreasing her oral medications. She complains of burning throbbing pain in her shoulders and arms bilaterally. Physical examination revealed; gait antalgic, stance flexed at the waist; tenderness to palpation over the bilateral occipital nerves and trapezius-cervical paraspinals; range of motion limited in the neck and at the waist; strength and sensation intact. The pump was increased by 12% to 415.02 mcg-d fentanyl and 181.57 mcg-d baclofen with a PTM set to 10.98 mcg fentanyl 6 times per day. The injured worker requests trigger point injections in the cervical region along with occipital nerve block due to increased pain and headaches in the back of her neck. A treating physician's progress report dated September 3, 2015, documents current medication as Neurontin, Oxycodone, Relistor, and Senekot. Diagnoses are chronic pain syndrome; cervical radiculopathy; post-laminectomy syndrome; cervical spondylosis; facet joint syndrome. At issue, is a request for authorization dated August 28, 2015, for cervical region trigger point injection under ultrasound (in-office) #3, and occipital nerve block under ultrasound (in-office) #3. According to utilization review dated September 4, 2015, the request for consultation with an orthopedic surgeon (chronic pain syndrome) is certified. The request for cervical region trigger point injection under ultrasound (in-office) 1 x 3 was modified to cervical

region trigger point injection under ultrasound (in-office) 1 x 1. The request for occipital nerve block under ultrasound (in-office) is non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical Region Trigger Point Injection Under Ultrasound (In-Office) # 3: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) neck, trigger point injections.

Decision rationale: The medical records do not report the presence of trigger points with demonstrated twitch response. ODG guidelines support trigger point injections are not recommended in the absence of myofascial pain syndrome. See the Pain Chapter for Criteria for the use of Trigger point injections. The effectiveness of trigger point injection is uncertain, in part due to the difficulty of demonstrating advantages of active medication over injection of saline. Needling alone may be responsible for some of the therapeutic response. The only indication with some positive data is myofascial pain; may be appropriate when myofascial trigger points are present on examination. As the medical records do not demonstrate trigger points on exam not responsive to other conservative treatment, ODG guidelines do not support trigger point injections in this case. The request is not medically necessary.

Occipital Nerve Block Under Ultrasound (In-Office) # 3: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC, 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, occipital nerve block.

Decision rationale: The medical records do not report the presence of trigger points in association with occipital nerve palpation. ODG guidelines support trigger point injections are not recommended in the absence of focal tenderness consistent with occipital nerve neuralgia. See the Pain Chapter for Criteria for the use of Trigger point injections. The effectiveness of occipital nerve injection is uncertain, in part due to the difficulty of demonstrating advantages of active medication over injection of saline. Needling alone may be responsible for some of the therapeutic response. As the medical records do not demonstrate trigger points on exam consistent with occipital nerve neuralgia not responsive to other conservative treatment, ODG guidelines do not support occipital nerve injections in this case. The request is not medically necessary.