

Case Number:	CM15-0191251		
Date Assigned:	10/05/2015	Date of Injury:	03/07/2013
Decision Date:	11/10/2015	UR Denial Date:	09/02/2015
Priority:	Standard	Application Received:	09/29/2015

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, Illinois

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:

This is a 52 year old female who sustained a work-related injury on 3-7-13. Medical record documentation revealed the injured worker was being treated for status post blunt head trauma to the left temple, posttraumatic migraine headaches, TMJ triggered or exacerbated by trauma, exacerbation of depression or anxiety triggered by head trauma, and musculoligamentous sprain- strain of the cervical spine with radicular component. A Botox 155 unit injection on 5-6-15 reduced the severity of her headaches by greater than 30%. On 6-24-15 and 7-15-15, the injured worker had trigger point injections and bilateral occipital nerve blocks. Occipital nerve block and trigger point injections on 7-15-15 eliminated her head pain and neck pain for eight days. The pain returned after eight days. She tried Imitrex for headache and it did not work as effectively as Amerge 2.5 mg. Her medication regimen included Inderal 20 mg, Zoloft 100 mg, Lidoderm patch, Pepcid 20 mg, Elavil 25 mg, Diclophenac XR 35 mg, and Soma 350 mg. Objective findings included normal range of motion of the cervical spine. She had spasms of the cervical paraspinal muscles bilaterally and occipital notch tenderness bilaterally with pain on palpation spreading in the territory of the greater occipital nerves. Trigger points were noted at the trapezius, supraspinatus, and infraspinatus with twitch response on palpation. She had tenderness to palpation on TMJ examination with severe tenderness at the temples bilaterally. She had an unremarkable motor and sensory examination and her coordination and gait with within normal limits. On 9-2-15, the Utilization Review physician determined trigger point injections and bilateral occipital nerve blocks were not medically necessary based on California Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Occipital Nerve Blocks Bilateral: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Head Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head (trauma, headaches, etc., not including stress & mental disorders) Greater occipital nerve block (GONB).

Decision rationale: The injured worker sustained a work related injury on 3-7-13. The injured worker is being treated for status post blunt head trauma to the left temple, posttraumatic migraine headaches, TMJ triggered or exacerbated by trauma, exacerbation of depression or anxiety triggered by head trauma, and musculoligamentous sprain-strain of the cervical spine with radicular component. Treatments have included Occipital nerve blocks, trigger point injections, botox, Inderal 20 mg, Zolof 100 mg, Lidoderm patch, Pepcid 20 mg, Elavil 25 mg, Diclophenac XR 35 mg, and Soma 350 mg. The medical records provided for review do not indicate a medical necessity for Occipital Nerve Blocks Bilateral. The MTUS is silent on Occipital nerve block, but the Official Disability Guidelines states, "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."

Trigger Point Injections: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Trigger point injections. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) Trigger point injections (TPIs).

Decision rationale: The injured worker sustained a work related injury on 3-7-13. The injured worker is being treated for status post blunt head trauma to the left temple, posttraumatic migraine headaches, TMJ triggered or exacerbated by trauma, exacerbation of depression or anxiety triggered by head trauma, and musculoligamentous sprain-strain of the cervical spine with radicular component. Treatments have included Occipital nerve blocks, trigger point injections, botox, Inderal 20 mg, Zolof 100 mg, Lidoderm patch, Pepcid 20 mg, Elavil 25 mg, Diclophenac XR 35 mg, and Soma 350 mg. The medical records provided for review do not indicate a medical necessity for Trigger Point Injections. The Official Disability Guidelines states. "Trigger point injections are not recommended when there are radicular signs, but they may be used for cervicgia". The MTUS and the Official Disability Guidelines require that all

the criteria be met before administering trigger point injection. Therefore, the requested treatment is not medically necessary, since the previous injection gave only 8 days relief instead of the greater than 50% pain relief associated with reduced medication use and documented evidence of functional improvement lasting for six weeks after an injection, as recommended by the MTUS and the Official Disability Guidelines.