

Case Number:	CM15-0197648		
Date Assigned:	10/13/2015	Date of Injury:	09/15/1997
Decision Date:	11/20/2015	UR Denial Date:	10/01/2015
Priority:	Standard	Application Received:	10/07/2015

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, Oregon, Washington
 Certification(s)/Specialty: Orthopedic Surgery

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 53 year old male, who sustained an industrial injury on September 15, 1997. He reported injuries to his neck, lower back, right shoulder and right arm. The injured worker was currently diagnosed as having cervicalgia, cervical radiculopathy, cervical disc displacement and rupture, possible cervical facet arthropathy, occipital neuralgia and chronic posttraumatic headache. Treatment to date has included medications, injections and chiropractic treatment. On June 5, 2015, the injured worker reported that injections he has had, "described consistent with trigger point injections," had provided him with more relief than any other modality that he has tried. On September 14, 2015, the injured worker complained of neck pain, bilateral upper extremity pain and headaches. The pain was rated as an 8-9 on a 1-10 pain scale. He reported that his last occipital nerve block and trigger point injection gave him greater than 80% relief for greater than twelve weeks. Physical examination of the cervical spine revealed tenderness to midline palpation over approximately C4-C6 and bilateral lesser and greater occiput area bilaterally was very tender to palpation. He had radicular snapping band as well as twitch response to palpation of the splenius capitus and trapezius. The treatment plan included occipital nerve block trigger point injections with follow-up. On October 1, 2015, utilization review denied a request for two repeat occipital nerve block-trigger point injections in eight weeks as outpatient.

IMR ISSUES, DECISIONS AND RATIONALES

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

2 repeat occipital nerve block/trigger point injection in 8 weeks, outpatient: Upheld

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

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

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines, Trigger point injections, page 122 states, "Recommended only for myofascial pain syndrome as indicated below, with limited lasting value. Not recommended for radicular pain. Trigger point injections with an anesthetic such as bupivacaine are recommended for non-resolving trigger points, but the addition of a corticosteroid is not generally recommended." In this case, the exam notes from 9/14/15 demonstrate no evidence of myofascial pain syndrome and the claimant has evidence of radiculopathy. Therefore, the determination is for non-certification.