

<b>Case Number:</b>	CM15-0211040		
<b>Date Assigned:</b>	10/29/2015	<b>Date of Injury:</b>	11/21/2012
<b>Decision Date:</b>	12/18/2015	<b>UR Denial Date:</b>	09/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/27/2015

### 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 [REDACTED] employee who has filed a claim for chronic neck pain and headaches reportedly associated with an industrial injury of November 21, 2012. In a Utilization Review report dated September 25, 2015, the claims administrator failed to approve requests for cervical trigger point injections, an occipital nerve block, and a cervical traction device. A September 9, 2015 office visit was referenced in the determination. The applicant's attorney subsequently appealed. The claims administrator's medical evidence log, however, suggested that sole note on file was dated April 10, 2015. On said April 10, 2015 office visit, the applicant was placed off of work, on total temporary disability. 7/10 pain complaints were noted. The applicant was given diagnoses of wrist pain status post earlier triangular fibrocartilage repair, elbow epicondylitis, cervical degenerative joint disease, trapezius strain, myofascial pain, and generalized wrist pain. A trigger point injection was apparently performed in the clinic while the applicant was placed off of work, on total temporary disability. A cervical epidural steroid injection was apparently sought, along with cognitive behavioral therapy, a hand surgery consultation, and a functional capacity evaluation. The applicant was kept off of work, it was stated in at least one section of the notes. 7/10 pain was reported toward the top of the note. The applicant's medications included Norco, Motrin, Neurontin, Flexeril, Zolof, Cymbalta, and Aciphex, it was stated.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Trigger Point Injections Cervical: 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:** No, the request for trigger point injection(s) to the cervical spine was not medically necessary, medically appropriate, or indicated here. The applicant had received prior trigger point injections on an earlier note dated April 10, 2015, referenced above. Page 122 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates the pursuit of repeat trigger point injections should be predicated on evidence of lasting analgesia and functional improvement with earlier blocks. Here, however, the September 9, 2015 office visit on which the article in question was sought was not seemingly incorporated into the IMR packet. The applicant's work status, functional status, and response to a previous injection of April 10, 2015 were not clearly described or characterized. Therefore, the request is not medically necessary.

**Occipital Nerve Block: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment.

**Decision rationale:** Similarly, the request for an occipital nerve block was likewise not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 3, page 48, injections of corticosteroids or local anesthetics or both should be reserved for applicants who do not improve with more conservative therapies. The MTUS Guideline in ACOEM Chapter 3, page 48 further notes that injections can weaken tissues and predispose toward injury. Here, the concomitant requests for trigger point injections and an occipital nerve block, thus, was at odds with the MTUS Guideline in ACOEM Chapter 3, page 48. It is further noted that the September 9, 2015 office visit on which the article in question was sought was not incorporated into the IMR packet. The limited information on file, however, failed to support or substantiates the request. Therefore, the request is not medically necessary.

**Cervical Traction: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004.

**MAXIMUS guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Summary, and Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

**Decision rationale:** Finally, the request for a cervical traction device was likewise not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 8, Table 8-8, page 181, traction, i.e., the modality at issue, is deemed "not recommended" in the evaluation and management of applicants with neck and upper back pain complaints, as were seemingly present here. Page 98 of the MTUS Chronic Pain Medical Treatment Guidelines further stipulates that passive modalities, as a whole, should be employed "sparingly" during the chronic pain phase of treatment. While it is acknowledged that the September 9, 2015 office visit on which article in question was sought was not seemingly incorporated into the IMR packet, a historical note of April 10, 2015 suggested that the applicant was using multiple different passive modalities to include a TENS unit, a heating pad, paraffin wax bath device, etc. The addition of a traction device to the mix, thus, was at odds with both pages 181 of the ACOEM Practice Guidelines and with page 98 of the MTUS Chronic Pain Medical Treatment Guidelines, the latter of which stipulates that passive modalities should be employed "sparingly" during the chronic pain phase of treatment. Therefore, the request is not medically necessary.