

Case Number:	CM15-0044348		
Date Assigned:	03/16/2015	Date of Injury:	10/17/2006
Decision Date:	04/24/2015	UR Denial Date:	02/20/2015
Priority:	Standard	Application Received:	03/09/2015

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, 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 42 year old female, who sustained an industrial injury on 10/17/06. She has reported a neck injury. The diagnoses have included brachial plexus lesions, displacement of the cervical disc without myelopathy, chronic migraine, occipital neuralgia, neurovascular compression syndrome, and myofascial pain with trigger points. Treatment to date has included medications, Botox injection to anterior and middle scalene muscles, conservative measures and pain management. Currently, as per the physician progress note dated 1/23/15, the injured worker complains of cervical pain and headache. The current medications included Ambien, Imitrex, Celebrex and Percocet. The physical exam of the head and neck revealed generalized tenderness over neck and girdle with cervicobrachial muscle spasms noted in the upper trapezius, bilateral paraspinals, bilateral scalene and bilateral shoulders in the pectoralis minor. The neck range of motion was restricted in all directions. There was altered posture noted and positive bilateral Adson's maneuver. The Treatment Plan included re-fill on current medications; Ultrasound guided trigger point injections, bilateral greater occipital nerve blocks and repeat scalene Botox injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultrasound guided trigger point injections: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point Injections Page(s): 122.

Decision rationale: The California MTUS guidelines recommend physical examination findings of a proper twitch response and referred pain in association with trigger points for injections. The progress note dated September 19, 2014 does not include any findings of trigger points with a twitch response and referred pain on physical examination. Without justification for this procedure, this request for acupuncture is not medically necessary.

Bilateral greater occipital nerve blocks: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head, greater occipital nerve block.

Decision rationale: While the injured employee does complain of headaches the practice of greater occipital nerve blocks is currently under study in the treatment of headaches. Studies the far have shown conflicting results that when positive have limited, short-term duration. Therefore this request for greater occipital nerve blocks is not medically necessary.