

<b>Case Number:</b>	CM14-0133180		
<b>Date Assigned:</b>	08/22/2014	<b>Date of Injury:</b>	05/04/2009
<b>Decision Date:</b>	10/28/2014	<b>UR Denial Date:</b>	07/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/20/2014

### 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. The expert reviewer is Board Certified in Anesthesiologist, Pain Medicine and is licensed to practice in Florida. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 54-year-old female who reported an injury on 05/04/2009. The mechanism of injury was the injured worker was struck by a hard rubber kickball in the head, side of neck, and shoulder area. Prior treatments included physical therapy, medications and acupuncture. The surgical history was not provided. The injured worker underwent an MRI of the right shoulder, neck, and brain, and x-rays. The documentation of 01/28/2014 revealed the injured worker had neck pain, right shoulder pain, and right wrist pain. The patient was noted to have diagnostic studies and other treatments including an EMG/NCV of the bilateral upper extremities and a functional capacity evaluation. The injured worker's medications included Orudis 75 mg #60 one twice a day, Ultracet tablets 37.5/325 mg one tablet twice a day as needed for pain, Prilosec 20 mg one daily, citalopram 20 mg tablets one daily, Halcion 0.5 mg one tablet daily, Neurontin 300 mg capsules 3 three times a day, Xanax 0.25 mg tablets one daily, and hydrochlorothiazide 25 mg tablets one daily. On physical examination of the paravertebral cervical spine, upper trapezius, levator scapula, rhomboids, and occipital muscles, the injured worker had hypertonicity, spasms, tenderness, tight muscle bands, and trigger point with a twitch response and radiating pain on palpation. The spinous process tenderness was noted on C4-7. The Spurling's maneuver produced no pain in the neck musculature or radicular symptoms. The injured worker had reduced right shoulder strength of 4/5. The sensory examination revealed from C2-S2 that bilaterally the examination was intact with the exception of the right dorsal foot. Deep tendon reflexes of the bilateral upper extremities were within normal limits. The injured worker had decreased range of motion of the cervical spine in flexion, extension, right lateral bend, and bilateral rotation. The diagnoses included musculoligamentous sprain thoracic spine, musculotendinoligamentous sprain cervical spine, disc bulging cervical spine, radiculopathy cervical spine, adjustment reaction with depression and anxiety secondary to chronic pain and

disability, chronic pain and disability with delayed functional recovery, carpal tunnel syndrome right wrist, bursitis shoulder, occipital neuropathy, occipital neuralgia, impingement syndrome right shoulder, insomnia, rotator cuff tendonitis right shoulder, right wrist strain, sprains and strains of the neck, sprain and strain of the thoracic dorsal spine and thoracic spine sprain and strain. The treatment plan included a referral for cervical trigger point injections with no steroids and a greater occipital nerve injection with steroids. There was no Request for Authorization submitted for review for the request. The documentation of 07/15/2014 revealed diagnoses of severe major depression single episode, and adjustment reaction with depression and anxiety secondary to chronic pain and disability. The documentation of 07/15/2014 revealed the injured worker's neck pain and right shoulder pain remained unchanged. The treatment requested was a cervical trigger point injection. There was no Request for Authorization submitted to support the request.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Cervical trigger point injections:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines; Trigger point injection.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point Injections Page(s): 121-122.

**Decision rationale:** The California MTUS Guidelines recommend trigger point injections for myofascial pain syndrome and they are not recommended for radicular pain. The criteria for the use of trigger point injections include documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain. There should be documentation symptoms have persisted for more than 3 months. There should be documentation that medical management therapy such as ongoing stretching exercises, physical therapy, NSAIDs, and muscle relaxants have failed to control pain. Radiculopathy should not be present by examination, imaging, or neurologic testing. The clinical documentation submitted for review indicated the injured worker had undergone neurodiagnostic testing and an MRI. The results were not provided for review. There was a lack of documentation of a recent objective physical examination indicating the injured worker had circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain and that symptoms had persisted for more than 3 months and that medication management therapies had failed. There was no myotomal or dermatomal examination to support a lack of radiculopathy. The prior examination was dated 01/2014. The request as submitted failed to indicate the quantity of trigger point injection and there was a lack of documented rationale for the injections. Given the above, the request for cervical trigger point injections is not medically necessary.

**Bilateral greater occipital nerve injection:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Head; Greater occipital nerve block (GONB)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head Chapter, Greater Occipital Nerve Block

**Decision rationale:** The Official Disability Guidelines indicate that greater occipital nerve blocks are under study for use in the treatment of primary headaches. The clinical documentation submitted for review failed to indicate a rationale for the requested injections. The physical examination revealed that the injured worker had neck pain and had hypertonicity, spasms, tenderness, and tight muscle bands as of 01/2014. However, there was a lack of documentation of a recent objective physical examination. Additionally, there was a lack of documented rationale. Given the above, the request for bilateral greater occipital nerve injection is not medically necessary.