

Case Number:	CM14-0205762		
Date Assigned:	12/17/2014	Date of Injury:	09/27/2002
Decision Date:	02/12/2015	UR Denial Date:	12/03/2014
Priority:	Standard	Application Received:	12/09/2014

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 Occupational Medicine, and is licensed to practice in California. 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:

Patient is a 65 year-old male with date of injury 09/27/2002. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 11/24/2014, lists subjective complaints as cervicogenic headaches and neck pain. Objective findings: Examination of the cervical spine revealed tenderness in the bilateral occipital region that radiated up into the patient's head setting behind the eyes. The bilateral trapezii muscles were tender with pain in the cervical spinous processes. There was limited range of motion in the cervical spine in all planes secondary to pain. Diagnosis: 1. Myofascial pain syndrome 2. Cervical post-laminectomy syndrome 3. Right wrist strain/sprain 4. Lumbar post-laminectomy syndrome 5. Chronic pain syndrome. There was no documentation in the medical records supplied for review to suggest that the patient has ever had an occipital trigger injection before.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trigger point injections into bilateral occipital region QTY #1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger point injections Page(s): 122. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)- Trigger point injections

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute & Chronic), Greater occipital nerve block, therapeutic

Decision rationale: The request is for trigger point injections, although by the prescription it appears that occipital nerve blocks are actually ordered. The Official Disability Guidelines state that there is little evidence that greater occipital nerve blocks provide sustained relief of occipital neuralgia or cervicogenic headaches. . Although short-term improvement has been noted in 50-90% of patients, many studies only report immediate post-injection results with no follow-up period. In addition, there is no gold-standard methodology for injection delivery, nor has the timing or frequency of delivery of injections been researched. The ODG does not recommend occipital nerve blocks. Trigger point injections into bilateral occipital region QTY #1 is not medically necessary.