

<b>Case Number:</b>	CM14-0092446		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	01/08/2002
<b>Decision Date:</b>	06/09/2015	<b>UR Denial Date:</b>	06/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/18/2014

### 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. 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] beneficiary who has filed a claim for chronic neck pain and headaches reportedly associated with an industrial injury of January 8, 2002. In a Utilization Review report dated June 10, 2014, the claims administrator denied requests for cervical trigger point injection therapy, an occipital nerve block, and morphine. The claims administrator referenced a March 7, 2014 RFA form and associated progress note of March 3, 2014 in its determination. The applicant's attorney subsequently appealed. On April 7, 2014, the applicant reported ongoing complaints of low back and shoulder pain, 6/10, it was stated in one section of the note. 9/10 pain was reported in another section of the note. The applicant's medications included immediate release morphine, naproxen, senna, MS Contin, Prilosec, MiraLax, Lidoderm, marijuana, and Valium, it was reported. Multiple medications were renewed. Laboratory testing was endorsed. The applicant apparently had superimposed issues with moderate depression, it was acknowledged. Drug testing was positive for marijuana, it was reported. A rather proscriptive 10-pound lifting limitation was endorsed toward the bottom of the report. The attending provider did not state whether the applicant was or was not working with said limitation in place. In the diagnoses section of the report, it was stated that the applicant had issues with "no stability with delayed functional recovery." Somewhat incongruously, the attending provider then stated in another section of the note that the applicant had returned to work. On March 12, 2014, the applicant reported ongoing complaints of low back pain, 8-9/10. The applicant's mood and sleep were poor, it was reported. The applicant was on marijuana, Valium, Lidoderm, MiraLax, Prilosec, naproxen, senna, MS

Contin, and immediate release morphine, it was acknowledged. The same, unchanged, rather proscriptive 10-pound lifting limitation was endorsed. The treating provider suggested that the applicant's employer was unable to accommodate said limitations and the applicant would therefore remain off of work. In a March 7, 2014 RFA form, trigger point injection therapy and occipital nerve blocks were endorsed, without much in the way of supporting rationale or narrative commentary. It was not clearly stated whether the applicant had had previous such injections in the past. The applicant was given a diagnosis of failed back surgery syndrome. The applicant had undergone both failed cervical and lumbar laminectomy surgeries, the treating provider reported on March 7, 2014.

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

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

#### **(1) Cervical Spine Trigger Point Without Steroids: 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:** No, the request for cervical trigger point injection was not medically necessary, medically appropriate, or indicated here. As noted on page 122 of the MTUS Chronic Pain Medical Treatment Guidelines, trigger point injections are recommended only for myofascial pain syndrome and are deemed "not recommended" for radicular pain complaints. Here, the applicant's primary pain generators were, in fact, cervical and lumbar radiculopathy, the treating provider reported on March 7, 2014. The applicant had undergone earlier failed cervical spine surgery and earlier failed lumbar spine surgery, it was reported. Trigger point injection therapy was not, thus, indicated in the clinical context present here. Therefore, the request was not medically necessary.

#### **(1) Bilateral Occipital Nerve Block With Steroids: 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 854 ACOEM Occupational Medicine Practice Guidelines, Chronic Pain, 3rd ed: Recommendation: Local Anesthetic Injections for Diagnosing Chronic Pain Local Anesthetic Injections are recommended for diagnosing chronic pain. Strength of Evidence recommended, Insufficient Evidence (I) Rationale for recommendation: Local injections (including greater occipital nerve blocks, ilioinguinal, genitofemoral nerve blocks) have not been evaluated in sizable, quality studies for diagnostic, prognostic, or treatment purposes, though they may assist with diagnosis and consideration of potential treatment options and are thus recommended. However, corticosteroid or neuroablative injections/procedures for localized pain for these nerve blocks are not recommended as the risk

localized pain for these nerve blocks are not recommended as the risk of increased pain, local tissue reaction, and neuroma outweigh documented benefits (see Table 8).

**Decision rationale:** Similarly, the request for an occipital nerve block with steroids was likewise not medically necessary, medically appropriate, or indicated here. The MTUS does not address the topic. However, the Third Edition ACOEM Guidelines Chronic Pain Chapter notes that corticosteroid or neuroablative injections/procedures for localized pain in various regions, including the greater occipital region, are deemed "not recommended." Here, as with the preceding request, the attending provider's March 7, 2014 RFA form contained little-to-no narrative commentary so as to augment the request at hand and/or to offset the unfavorable ACOEM position on the article at issue. Therefore, the request was not medically necessary.

**MS IR 30mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use. Decision based on Non-MTUS Citation ODG(The Official Disability Guidelines), Pain (acute and chronic).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): 80.

**Decision rationale:** Finally, the request for immediate release morphine, a short-acting opioid, was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the attending provider reported on March 10, 2014 that the applicant was "unable to tolerate work activities," suggesting the applicant was not, in fact, working. The applicant reported pain complaints as high as 8-9/10 on that date. The applicant's mood and sleep had deteriorated, it was stated on that occasion. All of the foregoing, taken together, did not make a compelling case for continuation of opioid therapy with immediate release morphine. Therefore, the request was not medically necessary.