

Case Number:	CM15-0015030		
Date Assigned:	02/03/2015	Date of Injury:	09/22/2014
Decision Date:	03/20/2015	UR Denial Date:	01/06/2015
Priority:	Standard	Application Received:	01/27/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 54 year old male, who sustained an industrial injury on September 22, 2014. The diagnoses have included headache: sprain and strain of lumbosacral (joint) (ligament), sprain and stain of unspecified site of hip and thigh, contusion of forearm, contusion of wrist and hands, except fingers alone, superficial wounds to left forearm, rule out concussion, need for prophylactic vaccination and inoculation against Diphtheria-Tetanus-Pertussis. Treatment to date was not included in medical record dated December 11, 2014. Currently, the injured worker complains of on and off headaches, dizziness, low back pain and wrist pain. In a progress note dated December 11, 2014, the treating provider reports no swelling/ecchymosis, restrictive range of motion, moderate tenderness elicited on the bending rotation of back and on wrist flexion's and deviations. On January 6, 2015 Utilization Review non-certified an ultrasound guided trigger point injections neck and shoulder and bilateral greater occipital nerve blocks, noting, Medical Treatment Utilization Schedule Guidelines and Official Disability Guidelines was cited.

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 (TPIs): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger point injections.

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

Decision rationale: The claimant is status post work injury occurring in September 2014 and continues to be treated with complaints of headaches, dizziness, wrist pain, and low back pain. The requesting provider documents decreased range of motion and tenderness. Criteria for the use of trigger point injections include documentation of the presence of a twitch response as well as referred pain. In this case, the presence of a twitch response with referred pain is not documented and therefore a trigger point injection was not medically necessary.

Bilateral greater occipital nerve (G.O.N.) blocks: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Head (trauma, headaches, etc., not including stress & mental disorders), Greater occipital nerve block (GONB)

Decision rationale: The claimant is status post work injury occurring in September 2014 and continues to be treated with complaints of headaches, dizziness, wrist pain, and low back pain. The requesting provider documents decreased range of motion and tenderness. Guidelines indicate that a greater occipital nerve block may have a role in differentiating between cervicogenic headaches, migraine headaches, and tension-headaches. In this case, the claimant has ongoing headaches which are likely multifactorial. The requested procedure is within guideline recommendations and therefore medically necessary.