

Case Number:	CM15-0110467		
Date Assigned:	06/17/2015	Date of Injury:	08/05/2002
Decision Date:	07/15/2015	UR Denial Date:	06/05/2015
Priority:	Standard	Application Received:	06/08/2015

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 61 year old female who sustained a work related injury August 5, 2002. Past history included Botox injections bilateral occipital nerve, January 2014 and Xeomin May 2014, cervical fusion C6-C7, and knee surgery. According to a primary treating physical medicine and rehabilitation physician's progress report, dated May 5, 2015, the injured worker presented with complaints of still having migraine headaches. There is moderate tenderness over the right and left occipital groove. Head and neck movement is mildly restricted in all directions, pain in all directions. Diagnoses are documented as cervical radiculopathy and occipital neuralgia. Treatment plan included discussion on importance of medication compliance and keeping a headache calendar, and at issue, a request for authorization for trigger point injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trigger point injections: 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 has a remote history of a work-related injury and continues to be treated for neck pain and headaches. When seen, there was bilateral occipital tenderness without description of referred pain or headache reproduction. Cervical spine range of motion was decreased and painful. Criteria for a trigger point injection 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. This request is not considered medically necessary.