

Case Number:	CM15-0113743		
Date Assigned:	06/22/2015	Date of Injury:	09/17/2013
Decision Date:	07/21/2015	UR Denial Date:	06/01/2015
Priority:	Standard	Application Received:	06/12/2015

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 55 year old female who sustained an industrial injury on 09/17/2013 when she fell from a ladder. The injured worker was diagnosed with post-concussion syndrome, cervical spondylitic radiculopathy of C4-5, C5-6 and C6-7 and C3-4 herniated nucleus pulposus. Treatment to date has included diagnostic testing, knee surgery times 2, trigger point injection to the right shoulder, occipital nerve block (3/25/2015), physical therapy, neurology consultation, psychiatric evaluation and pharmacological intervention, home exercise program and medications. According to the primary treating physician's progress report on May 13, 2015, the injured worker continues to experience daily headaches and right knee pain. Documentation noted a recent hospitalization for suicide attempt with medication and cut wrist. The injured worker is currently off all medications except for those prescribed by the psychiatrist. Medications were listed as Seroquel, Cymbalta and hormones. Treatment plan consists of continuing with psychiatric follow-up and the current request for occipital nerve block and trigger point injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Occipital Nerve Block (x4): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Occipital therapeutic nerve blocks.

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 claimant sustained a work injury in September 2013 and continues to be treated for neck pain and headaches. When seen, there had been planned and relief after receiving occipital nerve blocks and trigger point injections. When seen, she appeared somewhat agitated. No other examination findings were reported. The use of a therapeutic greater occipital nerve block is under study for treatment of occipital neuralgia and cervicogenic headaches. There is little evidence that the block provides sustained relief, and if employed, it is best used with concomitant therapy modulations. In this case, the claimant has already had an occipital nerve block with documentation of degree and duration of pain relief. No adjunctive treatment is being planned. There is no physical examination findings reported that support the presence of greater occipital neuralgia. The requested injections are not medically necessary.

Trigger Point Injection: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Trigger Point Injection.

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

Decision rationale: The claimant sustained a work injury in September 2013 and continues to be treated for neck pain and headaches. When seen, there had been planned and relief after receiving occipital nerve blocks and trigger point injections. When seen, she appeared somewhat agitated. No other examination findings were reported. 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. Criteria for a repeat trigger point injection include documentation of greater than 50% pain relief with reduced medication use lasting for at least six weeks after a prior injection and there is documented evidence of functional improvement. In this case, the claimant's response to a previous trigger point injection is not documented in terms of degree and duration of pain relief. The requested trigger point injection is not medically necessary.