

Case Number:	CM15-0175202		
Date Assigned:	09/16/2015	Date of Injury:	01/21/2015
Decision Date:	10/21/2015	UR Denial Date:	08/24/2015
Priority:	Standard	Application Received:	09/04/2015

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: Arizona, Texas
 Certification(s)/Specialty: Internal 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 injured worker is a 57 year old female, who sustained an industrial injury on 1-21-2015. Medical records indicate the worker is undergoing treatment for a cervical disc and spine disorder and right sided paraspinal and scalene severe spasm with some occipital nerve irritation. A recent progress report dated 8-13-2015, reported the injured worker complained of neck and right trapezial pain. Physical examination revealed pain to palpation over the occipital cervical junction that radiated to the bilateral occipital region and right trapezial spasm and pain. Treatment to date has included 8 sessions of physical therapy and Flexeril. On 8-17-2015, the Request for Authorization requested a right occipital nerve injection. On 8-24-2015, the Utilization Review noncertified a request for a right occipital nerve injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

One right occipital nerve injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines; Work Loss Data Institute, LLC; Corpus Christi, TX; www.odg-twc.com; Section: Neck and Upper Back (Acute & Chronic) (updated 5/12/2015).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Trigger point injections.

Decision rationale: According to the MTUS, trigger point injections with a local anesthetic may be recommended for the treatment of chronic low back or neck pain with myofascial pain syndrome when all of the following criteria are met: 1. Documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain; 2. Symptoms have persisted for more than three months; 3. Medical management therapies such as ongoing stretching exercises, PT, NSAIDS and muscle relaxants have failed to control pain; 4. Radiculopathy is not present; 5. Not more than 3-4 injections per session; 6. No repeat injections unless a greater than 50% pain relief is obtained for six weeks after an injection and there is documented evidence of functional improvement. In this case the patient is being treated for neck pain with occipital nerve injections. The documentation provided does not support that the patient meets criteria for continued trigger point injections. There is not documentation that the patient has failed treatment with PT and medications.