

<b>Case Number:</b>	CM15-0098339		
<b>Date Assigned:</b>	05/29/2015	<b>Date of Injury:</b>	08/08/2013
<b>Decision Date:</b>	06/29/2015	<b>UR Denial Date:</b>	05/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/21/2015

### 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 43 year old male who sustained an industrial injury on 08/08/2013 when he was retrieving items from a dumpster and wood from a second story was dropped on top of his head, neck and upper back. The injured worker reports momentary loss of consciousness. The injured worker was diagnosed with post-concussion syndrome, closed head injury and multiple contusions. Treatment to date includes diagnostic testing with cervical magnetic resonance imaging (MRI) in October 2014, electrodiagnostic studies on April 28, 2015 (reported as negative, trigger point injection to the cervical area and medications. According to the primary treating physician's progress report on May 12, 2015, the injured worker continues to experience neck pain and headaches associated with dizziness and some nausea. Examination demonstrated tenderness on the scalp vertex and cervical occipital area with tight muscle bands with a withdrawal-twitch response with pain. Tenderness was also noted over the upper back, neck and trapezius region increasing with neck rotation. Neck rotation bilaterally was documented at 45 degrees, shoulder raise at 160 degrees with increasing pain in the upper back and neck. The injured worker received a superficial trigger point injection to the cervical-occipital scalp contusion at the office visit. Current medications are listed as Pristiq, Trazodone, Cymbalta and Naproxen. Treatment plan consists of pain management consultation and the current retrospective request for trigger point injection to the cervical-occipital scalp.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective trigger point injection (TPI) for cervico-occipital scalp injection:** 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 sustained a work injury in August 2013 and continues to be treated for neck pain and headaches. When seen, pain was rated at 4-9/10. Prior treatments had included trigger point injections, which had helped. Physical examination findings included suboccipital tenderness with tight muscle bands and a twitch / withdrawal response. Bilateral paravertebral muscle trigger point injections were performed. 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. Additionally, 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. The trigger point injection was repeated just 5 weeks after the previous injection. It cannot be considered medically necessary.