

Case Number:	CM13-0022746		
Date Assigned:	11/13/2013	Date of Injury:	09/10/2010
Decision Date:	01/28/2014	UR Denial Date:	08/28/2013
Priority:	Standard	Application Received:	08/10/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 applicant has filed a claim for chronic low back pain associated with an industrial injury of September 10, 2010. Thus far, the applicant has been treated with the following: Analgesic medications; adjuvant medications; a TENS unit; psychotropic medications; normal electrodiagnostic testing of the upper and lower extremities on July 5, 2012; attorney representation; and extensive periods of time off of work. An earlier note of August 9, 2013, is notable for comments that the applicant has ongoing issues with headaches. The applicant reports low back pain radiating into the right leg. She is using psychotropic medications for depression and anxiety. Percocet twice daily is reportedly controlling her pain. She is off of work. She states that she is off work for psychiatric reasons. Her medication list includes Imitrex, Percocet, Prilosec, Wellbutrin, Prosom for insomnia, Topamax, and Xanax. It is then stated that the applicant is also using Risperdal. A 3/5 left upper extremity strength versus 4/5 right upper extremity strength is appreciated. The applicant is described as having possible seizure episodes. She is having memory loss, short-term memory, and trouble finding words. Neuropsychological testing is also endorsed. An MRI of the brain is endorsed given the applicant's worsening headaches. It is stated that the applicant can benefit from a Holter monitor study owing to supposed fainting spell/near syncopal episodes. Percocet and Topamax are refilled on the ground that the applicant's pain has diminished as a result of the same. A repeat occipital nerve block is also endorsed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids Page(s): 80.

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioids are evidence of successful return to work, improved function, and/or reduced pain effected as a result of ongoing opioid usage. In this case, however, only one of the three criteria have been met. It is stated that the applicant reports reduction in pain as a result of ongoing Percocet usage. However, this is outweighed by the applicant's failure to return to work and failure to demonstrate any evidence of improved performance in non-work activities of daily living. Therefore, the request is not certified.

two lumbar epidural steroid injections at L4-5 and L5-S1: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46.

Decision rationale: As noted on page 46 of the MTUS Chronic Pain Medical Treatment Guidelines, the criteria for pursuit of epidural steroid injections includes reevaluation of the applicant following each epidural block to determine the efficacy of the same. There is no support for pursuit of a series of blocks, either in series of two or series of three. In this case, the attending provider sought two successive blocks. This is not recommended by the MTUS Chronic Pain Medical Treatment Guidelines, which recommend reevaluation of an applicant between each block. Therefore, the request is not certified.

An electroencephalogram (EEG): Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation the National Library of Medicine.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation the Official Disability Guidelines (ODG), Head Chapter, Indications for EEG.

Decision rationale: The MTUS does not address the topic. As noted in the ODG Head Chapter, indications for EEG include evidence of failure to improve or additional deterioration following assessment and stabilization. In this case, it does appear that the applicant's headaches have deteriorated. There are allegations of temporary loss of consciousness or blackout spells,

incompletely described/incompletely characterized. There is no evidence that the applicant has undergone prior EEG testing in the past. Therefore, the request is certified as written.

An MRI of the brain: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Head Chapter, MRI

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation the American College of Radiology.

Decision rationale: The MTUS does not address the topic. As noted by the American College of Radiology (ACR), indications for pursuit of MRI imaging of the brain include epilepsy or suspected epilepsy as well as headaches. In this case, the applicant is having ongoing issues with headaches. The attending provider has called in the question of possible epileptiform activity. Therefore, the request is certified as written.

An occipital nerve block: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, 3rd Edition, Chronic Pain, Diagnostic/Treatment Considerations, Local Anesthetic Injections.

Decision rationale: The MTUS does not address the topic. As noted in the Third Edition ACOEM Guidelines, local anesthetic injection such as greater occipital nerve blocks are occasionally used to determine whether a complaint of headache is due to static neck position for migraine. These can be used to diagnose chronic pain. In this case, however, the applicant has had one prior occipital nerve block. There is no clear evidence that the applicant responded favorably to the same. There is no evidence of functional improvement effected through the prior occipital nerve block. The fact that the applicant remains off of work, and remains highly reliant on her various forms of medical treatment, including medications, consultations, etc., implies a lack of functional improvement with the prior occipital nerve block. The attending provider did not, furthermore, clearly state what diagnoses have been arrived upon as a result of the prior occipital nerve block.