

Case Number:	CM13-0025182		
Date Assigned:	11/20/2013	Date of Injury:	12/13/2011
Decision Date:	01/06/2014	UR Denial Date:	09/04/2013
Priority:	Standard	Application Received:	09/16/2013

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 Physical Medicine & Rehabilitation, has a subspecialty in Pain 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:

50 y.o. female with injury from 6/6/11 when her left foot was stamped by a horse. She also has an injury from 12/13/11 when she fell backward hitting her head on the ground. 10/9/13, [REDACTED] note states that the patient has ongoing neck pain, radiation into suboccipital region, greater than 15 headaches days per month. Recommendation was for continued Imitrex, and Botox for migraine. 9/12/13 report by [REDACTED] also reviewed. The patient has primarily left sided neck pain with radiation from the suboccipital region to the frontal and retro-orbital regions. Pain is at 6/10. Botox recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

Botox injections for migraine headaches: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 175.

Decision rationale: There is currently lack of evidence that occipital nerve blocks provide lasting relief of symptoms. MTUS and ACOEM do not address Occipital nerve blocks but ODG

guidelines provide a discussion. Given the lack of evidence that these injections help, recommendation is for a denial.

Series of 2 occipital nerve blocks: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: There is currently lack of evidence that occipital nerve blocks provide lasting relief of symptoms. MTUS and ACOEM do not address Occipital nerve blocks but ODG guidelines provide a discussion. Given the lack of evidence that these injections help, recommendation is for a denial.

Nerve block to the superficial peroneal and tibial nerve to the left: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Aetna Clinical Policy Bulletinn, Peripheral Nerve Blocks, Number 0863..

Decision rationale: The patient currently has pain down the leg. The treater has asked for peroneal and tibial nerve injections. However, there are no guideline support for these injections. Furthermore, the diagnosis of peroneal and tibial neuropathies have not been confirmed by diagnostic studies. The precise nature of injury and pathology may help understand whether or not the requested injection can be helpful. However, without such information, the request for nerve injections cannot be recommended.

EMG of the bilateral legs: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Electrodiagnostic studies..

Decision rationale: Recommendation is for authorization of the requested EMG/NCV studies given the patient's low back and leg symptoms. ACOEM supports use of these studies for diagnostic work-up of low back and leg symptoms.

NCS of the bilateral legs: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Electrodiagnostic studies..

Decision rationale: Recommendation is for authorization of the requested EMG/NCV studies given the patient's low back and leg symptoms. ACOEM supports use of these studies for diagnostic work-up of low back and leg symptoms. ODG guides also provide support for the use of NCV studies for work-up of radiating leg symptoms.