

<b>Case Number:</b>	CM13-0032649		
<b>Date Assigned:</b>	01/10/2014	<b>Date of Injury:</b>	07/13/2012
<b>Decision Date:</b>	03/28/2014	<b>UR Denial Date:</b>	09/06/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/08/2013

### 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 and Rehabilitation 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 patient is a 58-year-old female who reported injury on 07/13/2012. The mechanism of injury was noted to be the patient was an emergency room nurse who was attacked by a patient as she was assisting a patient and when the patient who was about to fall, the patient unexpectedly swung around and punched the nurse in the eye, resulting in a right eye/facial contusion and right orbital blowout fracture. The patient had an MRI of the lumbar spine in 2011 and 2012. The patient's diagnoses were noted to include cervical disc injury with facet arthralgia, right sacroiliac arthralgia, and a thoracic strain. It was indicated that the patient had previously received epidural steroid injections, chiropractic care, and physical therapy treatments with some relief. It was indicated that tinnitus could increase the patient's headaches and eye fatigue could cause double vision and the patient was no longer using prisms for vision. The patient was noted to have difficulty with focusing mentally. Request was made for a cervical traction trial, MRI of the lumbar spine, and greater occipital nerve block under fluoroscopic guidance. The physician indicated that the patient would need a greater occipital nerve block for ostealgia, as headaches were noted to be still persistent and the patient was noted to have persistent neck pain that was not responding to conservative treatment.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cervical Traction Trail:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173-174.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back Chapter, Traction.

**Decision rationale:** Official Disability Guidelines indicate that a home cervical patient-controlled traction is recommended for patients with radicular symptoms to be used in conjunction with a home exercise program. The physical examination revealed moderate focal tenderness over the right C5-7 levels with dermatographia and spasms. The right Hoffmann's sign was positive. Clinical documentation submitted for review failed to indicate the patient would be using a home exercise program in conjunction with a home cervical patient-controlled traction unit. The request as submitted failed to indicate whether the traction unit was a home cervical patient-controlled traction, or an institutionally-based powered traction device. The request as submitted failed to indicate whether the unit was for rental or purchase. Given the above and the lack of clarification, the request for cervical traction trial is not medically necessary.

**MRI Lumbar Spine:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter MRI.

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

**Decision rationale:** Official Disability Guidelines recommend a repeat MRI for patients who have signs or symptoms of a significant change and/or findings suggestive of a significant pathology. Clinical documentation submitted for review indicated the patient had 2 prior MRIs. There was lack of documentation of the official read of the prior MRIs. There was lack of documentation indicating the patient had a significant change or there was suspicion of a significant pathology. Given the above, the request for MRI of the lumbar spine is not medically necessary.

**greater Occipital Nerve Block under Fluoroscopic guidance:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

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

**Decision rationale:** Official Disability Guidelines indicate that greater occipital nerve blocks are under study for the use in treatment of primary headaches. The physician indicated that the patient would need a greater occipital nerve block for ostealgia, as headaches were noted to be still persistent and the patient was noted to have persistent neck pain that was not responding to conservative treatment. There was a lack of documentation of lower levels of treatment for the headaches. Given the