

Case Number:	CM13-0035459		
Date Assigned:	12/13/2013	Date of Injury:	12/05/2007
Decision Date:	02/12/2014	UR Denial Date:	09/20/2013
Priority:	Standard	Application Received:	10/17/2013

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 Internal Medicine and Cardiology has a Fellowship trained in Cardiovascular Disease and is licensed to practice in Texas. 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 55-year-old female who reported an injury on 12/05/2007, after her office chair rolled back and caused her to lose her balance, causing an injury to her lumbar and cervical spine, right elbow, right forearm, and right wrist. Prior treatments have included medications, physical therapy, ambulation assistance, and injection therapy. The patient's most recent clinical exam findings included increasing chronic daily headaches with worsening tinnitus and associated nausea and vomiting, photophobia, phonophobia, and vertigo. Physical findings included tenderness to palpation over the neck, head, and shoulder region. The patient has trigger points at the bilateral cervical neck and tenderness to palpation of the greater occipital nerve bilaterally. The patient's diagnoses included post concussion syndrome, variance of migraine, cervicgia, and unspecified peripheral vertigo. The patient's treatment plan included cognitive behavioral therapy, a greater occipital nerve block, trigger point injections, pain psychology consultation, and an MRI of the brain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Depakote 500mg: 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 <http://www.drugs.com/depakote.html>.

Decision rationale: The requested Depakote 500 mg is not medically necessary or appropriate. Online resource, drugs.com, does state that the use of this medication is appropriate in the prevention of migraine headaches. The clinical documentation submitted for review does provide evidence that the patient has chronic daily headaches that may benefit from this medication, as the patient has already exhausted first-line treatments to include antidepressants. However, the request as it is written does not provide a number of pills. This does not allow for timely re-assessment and re-evaluation of the efficacy of this medication. As such, the requested Depakote 500 mg is not medically necessary or appropriate.

Ultrasound guided peripheral nerve block of the bilateral occipital nerves: Upheld

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

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 (GONB).

Decision rationale: The Physician Reviewer's decision rationale: The requested ultrasound-guided peripheral nerve block of the bilateral occipital nerves is not medically necessary or appropriate. Official Disability Guidelines do not recommend this procedure as a primary treatment for headaches, as there is no scientific evidence to support the efficacy of long-term benefit. Clinical documentation submitted for review does not provide evidence that the patient has exhausted all lesser treatments. Additionally, the type of headache is not clearly identified through diagnostic studies. The use of this treatment is not supported by guideline recommendations. It would not be indicated. As such, the requested ultrasound-guided peripheral nerve block of the bilateral occipital nerves is not medically necessary or appropriate.

Trigger point injection to bilateral occipital musculature: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point Injections Page(s): 122.

Decision rationale: The Physician Reviewer's decision rationale: The requested trigger point injections to the bilateral occipital musculature are not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends trigger point injections for myofascial pain syndrome when there is documentation of circumscribed trigger points with evidence upon palpation of a twitch response. The clinical documentation submitted for review does not provide evidence that the patient is diagnosed with a myofascial pain syndrome. Additionally, the circumscribed trigger points along the greater occipital nerve are not clearly

identified within the documentation. Therefore, trigger point injections would not be supported by guideline recommendations. As such, the requested trigger point injections to the bilateral occipital musculature are not medically necessary or appropriate.

Cognitive behavioral therapy, unknown sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral interventions Page(s): 23.

Decision rationale: The requested cognitive behavioral therapy for unknown sessions is not medically necessary or appropriate. California Medical Treatment Utilization Schedule does recommend the use of cognitive therapy for patients that have chronic pain that have failed to respond to initial physical therapy using a cognitive motivational approach. Clinical documentation submitted for review does not provide any evidence that the patient has had any cognitively-modified physical medicine. Additionally, California Medical Treatment Utilization Schedule recommends a 3 to 4 psychotherapy visit trial to establish the efficacy of this treatment modality. The request as it is written does not clearly identify how many visits are being requested. Therefore, cognitive behavioral therapy would not be supported. As such, the requested cognitive behavioral therapy for unknown sessions is not medically necessary or appropriate.

Vestibular rehab with special attention to vertiginous symptoms, unknown sessions: Upheld

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

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, Vestibular PT rehabilitation.

Decision rationale: The requested vestibular rehab with special attention to vertiginous symptoms for unknown sessions is not medically necessary or appropriate. The clinical documentation submitted for review does provide evidence that the patient has vertigo complaints related to post concussion syndrome. Official Disability Guidelines do recommend the use of this type of therapy for patients with vestibular complaints. However, the request as it is written does not provide a number of sessions. This does not allow for timely re-evaluation and assessment of therapy efficacy. As such, the requested vestibular rehab with special attention to vertiginous symptoms, unknown sessions, is not medically necessary or appropriate.