MAXIMUS Federal Services

Case Number:	CM13-0055770		
Date Assigned:	12/30/2013	Date of Injury:	07/28/2011
Decision Date:	05/06/2014	UR Denial Date:	10/29/2013
Priority:	Standard	Application Received:	11/21/2013

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation has a subspecialty in Interventional Spine 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 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/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:

This is patient was injrued on 7/28/2011. She has been diagnosed with facial pain syndrome; post-concussive syndrome; headaches; hearing/vertigo; cognitive; left sided chest pain/sternal pain; shoulder pain; low back pain; and sleep impairment. According to the 10/8/13 neurology/pain management report from [redacted], the patient continues to have severe multifocal pain with the neck pain being the most severe. She has poor sleep quality, she has daytime fatigue. She uses a cane to ambulate and continues with cognitive impairment. EMG/NCV showed polyradiculopathy in the arms and legs. Pain is 8-10/10. On exam, cranial nerves decreased preception in left V2/3; 3+/5 weakness in deltoids, 4/5 left upper extremity and legs. Left C8 sensory loss; bilateral L5 distribution sensory loss; 10/28/11 cervical MRI was reported to show left foraminal narrowing at C7/T1. Lumbar MRI from 10/28/11 was reproted to show multilevel disc protrusions with moderate to severe central canal narrowing at L4/5. CT scan of the brain with contrast from 5/14/12 was normal. [redacted] recommended a series of 2 lumbar ESI at L4/5 and L5/S1, and a cervical ESI at C7/T1, an MRI of the brain, a series of 2 occipital nerve blocks for headache; continued PT, neuropsyche evaluation; sleep evaluation; and psychiatric consult. On 10/29/13 UR recommended non-certification.

IMR ISSUES, DECISIONS AND RATIONALES

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

SERIES OF TWO LUMBAR EPIDURAL STEROID INJECTIONS AT THE L4/5, L5/S1 LEVEL: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines EPIDURAL STEROID INJECTIONS (ESIs) Page(s): 46.

Decision rationale: According to the 10/8/13 neurology/pain management report from [redacted], the patient continues to have severe multifocal pain with the neck pain being the most severe. She has poor sleep quality, she has daytime fatigue. She uses a cane to ambulate and continues with cognitive impairment. EMG/NCV showed polyradiculopathy in the arms and legs. EMG/NCV of the upper extremities have been provided for this IMR, but lower extremity electrodiagnostics were not provided. Physical exam was reported to show decreased L5 sensory bilaterally, and MRI was reported to show central stenosis in the region, without mention of nerve root entrapment or compression, or foraminal narrowing. I have been asked to review for a series-of-two lumbar ESI at L4/5 and L5/S1. There was no exam findings of L4 radiculopathy, but there was L5. The patient does not meet MTUS criteria for the L4/5 ESI, and the request as written was for a series of 2 injections. MTUS states "In the therapeutic phase, repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks," The "2nd" ESI of the series would not be indicated if the first injection failed. The request as written is not in accordance with MTUS guidelines.

CERVICAL EPIDURAL STEROID INJECTIONS AT THE C7/T1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46.

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

Decision rationale: According to the 10/8/13 neurology/pain management report from [redacted] the patient continues to have severe multifocal pain with the neck pain being the most severe. Exam showed left C8 sensory loss. The EMG/NCV showed C6 and C7 radiculopathy. The request is for a C7/T1 ESI. The exam findings and the 3/20/13 EMG/NCV are not consistent. MTUS states: "Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing." The request for the cervical ESI where the physical exam findings are not corroborated by imaging or electrodiagnostic studies is not in accordance with MTUS guidelines.

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 FOR HEAD REGARDING MRI

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) < ODG GUIDELINES, HEAD CHAPTER, FOR: MRI (MAGNETIC RESONANCE IMAGING)

Decision rationale: The patient is reported to have post concussive syndrome, with vertigo, cranial nerve changes, and cognitive deficits. CT scan was unremarkable for fracture. ODG guidelines, Head chapter states a brain MRI is indicated to evaluate neurological deficits no explained by CT. The request appears to be in accordance with ODG guidelines.

OCCIPITAL NERVE BLOCKS, SERIES OF TWO: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) ODG-TWC GUIDELINES, HEAD CHAPTER FOR: GREATER OCCIPITAL NERVE BLOCK (GONB)

Decision rationale: According to the 10/8/13 neurology/pain management report from [redacted] the patient continues to have severe multifocal pain with the neck pain being the most severe. She has headaches, and [redacted] suggested a series of 2 occipital nerve blocks. MTUS did not discuss this, so ODG guidelines were consulted. ODG states these are experimental or under study for both treatment or diagnostic value. The request for occipital nerve blocks is not supported by ODG guidelines, and the necessity for the 2nd injection in the "series" cannot be recommended without assessing the outcome of the initial injection.

CONTINUE PHYSICAL THERAPY: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL MEDICINE Page(s): 98-99.

Decision rationale: This is an incomplete request for PT. The total number of sessions requested, or the duration and frequency were not provided. MTUS allows for 8-10 sessions of PT for various myalgias and neuralgias, but with the incomplete prescription, I am unable to compare the request to the frequency, duration and total sessions recommended by MTUS. I cannot verify that the incomplete prescription is in accordance with MTUS guidelines.

NEUROPSYCHOLOGICAL EVALUATION: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM FOR INDEPENDENT MEDICAL

EXAMINATIONS AND CONSULTATIONS REGARDING REFERRALS, CHAPTER 7, PAGE 127

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OTHER MEDICAL TREATMENT GUIDELINE OR MEDICAL EVIDENCE: ACOEM PRACTICE GUIDELINES, 2ND EDITION (2004), PAGE 127

Decision rationale: The patient has cognitive deficits and post concussive syndrome. The neurologist requested a neuropsych evaluation. ACOEM states a referral can be made to other specialists " when the plan or course of care may benefit from additional expertise." The request is in accordance with ACOEM guidelines.

SLEEP EVALUATION: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC GUIDELINES, PAIN CHAPTER ONLINE FOR POLYSOMNOGRAPHY

Decision rationale: The patient presents with difficulty sleeping and daytime fatigue. She has postconcussive syndrome. The physician requested a sleep study on 10/8/13. ODG guidelines state the sleep problems need to be persistent for at least 6-months. On reviewing the records, the 4/10/13 report from [redacted] reports sleep impairment, with daytime drowsiness. The Epworth score from 4/10/13 was 22. The request for the sleep study meets the ODG criteria.

PSYCHIATRY CONSULTATION: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 100-101.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OTHER MEDICAL TREATMENT GUIDELINE OR MEDICAL EVIDENCE: ACOEM PRACTICE GUIDELINES, 2ND EDITION (2004), PAGE 127

Decision rationale: The patient presents with cogntive deficits, sleep problems, and post concussive syndrome. The neurologist suggested a psychiatric consult. The patient was taking Norco, tramadol, naproxen and omeprazole. There are no psychotropic medications. MTUS chronic pain guidelines and MTUS/ACOEM topics did not discuss neurology consultations for headaches and tinnitus. The AD has not adopted ACOEM chapter 7 into the MTUS, but this would still be among the next highest ranked review standard under LC 4610.5(2). ACOEM states a referral can be made to other specialists " when the plan or course of care may benefit

from additional expertise." The psychiatrist may provide insight for medication management and move the case forward.