

Case Number:	CM14-0106637		
Date Assigned:	07/30/2014	Date of Injury:	08/09/2012
Decision Date:	10/22/2014	UR Denial Date:	06/04/2014
Priority:	Standard	Application Received:	07/09/2014

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 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 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:

According to the records made available for review, this is a 31-year-old male with an 8/9/12 date of injury. At the time (5/22/14) of request for authorization for Neurology, Neuropsychology, and Medial Branch Block at Cervical 3 - 6 Right Side, there is documentation of subjective (neck pain with numbness and tingling in the triceps to elbow region; constant headaches associated with nausea, dizziness and imbalance; right shoulder pain localized to the right upper trapezius; visual complaints with "black spots"; and depression/insomnia) and objective (decreased cervical range of motion, positive facet loading pain on the right, and decreased sensation in the right C5-7 distribution; left dysgraphia, short-term memory issues, and problems with calculation) findings, current diagnoses (anxiety disorder, post-concussive syndrome, cervical facet syndrome, depression, and insomnia), and treatment to date (cognitive behavioral therapy, functional restoration program, home exercise, acupuncture, and medications (NSAIDs)). Medical report identifies that the patient underwent a Neurology consultation on 3/13/13 with the recommendation that no further neuropsychology testing and treatment of headaches is indicated; and that the patient had a psychology consultation on 3/20/2013 and received cognitive behavioral therapy resulting in some relief. In addition, medical report identifies a request for right cervical medial branch block at C3-6; physical therapy for neck pain; referral to neurologist to evaluate and treat for post-concussive headaches, dysgraphia and dyscalculia; and referral to neuropsychologist for formal neuropsychological testing. Regarding Neurology and Neuropsychology, there is no documentation that consultation is indicated to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. Regarding Medial Branch Block at Cervical 3 - 6 Right Side, there is no documentation of non-radicular facet

mediated pain and at no more than two levels bilaterally, failure of additional conservative therapy (physical therapy), and no more than 2 joint levels to be injected in one session.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurology: 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 American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Independent Medical Examinations and consultations, page(s) 127

Decision rationale: MTUS reference to ACOEM guidelines identifies that consultation is indicated to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work, as criteria necessary to support the medical necessity of consultation. Within the medical information available for review, there is documentation of diagnoses of anxiety disorder, post-concussive syndrome, cervical facet syndrome, depression, and insomnia. However, despite documentation of a request for referral to neurologist to evaluate and treat for post-concussive headaches, dysgraphia and dyscalculia, and given documentation of a previous Neurology consultation on 3/13/13 with the recommendation that further neuropsychological testing and treatment of headaches is not indicated, there is no documentation that consultation is indicated to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. Therefore, based on guidelines and a review of the evidence, the request for Neurology is not medically necessary.

Neuropsychology: 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 American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Independent Medical Examinations and consultations, page(s) 127

Decision rationale: MTUS reference to ACOEM guidelines identifies that consultation is indicated to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work, as criteria necessary to support the medical necessity of consultation. Within the medical information available for review, there is documentation of diagnoses of anxiety disorder, post-concussive syndrome, cervical facet syndrome, depression, and insomnia. However, despite documentation

of a request for referral to neuropsychologist for formal neuropsychological testing, and given documentation of a previous Neurology consultation on 3/13/13 with the recommendation that further neuropsychological testing is not indicated; and that the patient has underwent a previous psychology consultation on 3/20/2013 and received cognitive behavioral therapy treatments with some relief, there is no documentation that consultation is indicated to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. Therefore, based on guidelines and a review of the evidence, the request for Neuropsychology is not medically necessary.

Medial Branch Block at Cervical 3 - 6 Right Side: 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): Medical Branch Block

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174-175. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back Chapter, Facet joint diagnostic blocks

Decision rationale: MTUS reference to ACOEM identifies documentation of non-radicular facet mediated pain as criteria necessary to support the medical necessity of medial branch block. ODG identifies documentation of cervical pain that is non-radicular and at no more than two levels bilaterally, failure of conservative treatment (including home exercise, PT, and NSAIDs) prior to the procedure for at least 4-6 weeks, and no more than 2 joint levels to be injected in one session, as criteria necessary to support the medical necessity of facet injection. Within the medical information available for review, there is documentation of diagnoses of anxiety disorder, post-concussive syndrome, cervical facet syndrome, depression, and insomnia. In addition, there is documentation of cervical pain and failure of conservative treatment (home exercise and NSAIDs). However, given documentation of subjective (neck pain with numbness and tingling in the triceps to elbow region) and objective (decreased sensation in the right C5-7 distribution) findings, there is no documentation of non-radicular facet mediated pain. In addition, given documentation of a request for right cervical medial branch block at C3-6, there is no documentation of pain at no more than two levels bilaterally and no more than 2 joint levels to be injected in one session. Furthermore, given documentation of a request for physical therapy for neck pain, there is no documentation of failure of additional conservative therapy (physical therapy). Therefore, based on guidelines and a review of the evidence, the request for Medial Branch Block at Cervical 3 - 6 Right Side is not medically necessary.