

Case Number:	CM14-0015568		
Date Assigned:	02/28/2014	Date of Injury:	07/14/2003
Decision Date:	07/24/2014	UR Denial Date:	01/27/2014
Priority:	Standard	Application Received:	02/06/2014

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 Internal 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 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:

The patient is a 66-year female with a 7/14/03 date of injury. The patient has ongoing cervical spine pain; increased headaches; and increased depression. She has weakness in the upper extremities. Gait is antalgic, but the patient is able to toe-and-heel gait. Current medications include Duragesic patch; Oxycodone; and Topomax. UDS is performed periodically for compliance. Left occipital block was performed. 1/21/13 AME described injections to both shoulders/trapezii. 12/18/13 Progress note described increased depression, weakness in the bilateral upper extremities, and utilizing a brace. There was weakness is noted in the bilateral ankles and feet; muscle spasms and tenderness over the right sciatic notch, with a positive SLR on the right; and antalgic gait. Treatment rendered has included status post ACDF C3-7; C1-2 fusion; activity modification; and medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine toxicology for compliance: 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), Procedure Summary- Pain, Urine Drug Testing.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 78.

Decision rationale: Medical necessity for a repeat UDS is not established. This request was modified to exclude laboratory confirmation. CA MTUS Chronic Pain Medical Treatment Guidelines state that a urine analysis is recommended as an option to assess for the use or the presence of illegal drugs, to assess for abuse, to assess before a therapeutic trial of opioids, addiction, or poor pain control in patients under on-going opioid treatment. There is no documentation of aberrant behavior, suspicion of non-compliance, or lack of pain improvement with the use of pain medications. Screening is recommended at baseline, randomly at least twice and up to 4 times a year and at termination. Frequency of assessment has not been discussed. The request is not substantiated.

Pain psychology evaluation and treatment: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological evaluations Page(s): 100-101.

Decision rationale: Medical necessity for the requested psychology evaluation and treatment is not established. CA MTUS states that psychological evaluations are recommended and are generally accepted, well-established diagnostic procedures not only with selected use in pain problems, but also with more widespread use in chronic pain populations. The prior request was modified to pain psychology evaluation. However, the treatment requested has not been defined. The request as presented is not substantiated.

Retro left occipital nerve root block for occipital pain and headaches (dos: 01/15/2014):
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), Procedure Summary, Neck and Upper Back.

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 & Neck Chapter, Occipital nerve blocks.

Decision rationale: Medical necessity for the requested occipital nerve block for occipital pain and headaches is not established. ODG states that greater occipital nerve block injection (GONB) is under study both for diagnosis and treatment of occipital neuralgia and cervicogenic headaches. Since GONB are non-specific, any relief obtained may result in misidentification of the greater occipital nerve as the pain generator of the headache in question. There is little evidence that GONB provides sustained relief, and if employed, is best used with concomitant therapy modulations. Although the patient is noted to have headaches, there is no further description regarding frequency of headaches, operative to description of prior treatment. Prior treatment for headaches has not been well described. The request is not substantiated.

