

<b>Case Number:</b>	CM14-0116422		
<b>Date Assigned:</b>	08/04/2014	<b>Date of Injury:</b>	11/20/2012
<b>Decision Date:</b>	09/10/2014	<b>UR Denial Date:</b>	07/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/23/2014

### 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 & 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:

The patient is a 64 year-old with an injury date on 11/20/12. Patient complains of increased headaches in spite of medications per 6/30/14 report. Patient has worse headaches when laying in supine position and in the mornings per 6/30/14 report. Patient also has left shoulder pain, jaw pain (hurts to chew), persistent tinnitus, and losing hearing and vision in right eye per 1/7/14 report. Based on the 5/28/14 progress report provided by [REDACTED] the diagnoses are: 1. TBI.2. Probable increased ICP in spite of probable CSF leak.3. Depression with PTSD and panic.4. SIP multiple facial fractures and jaw fracture.5. Dental and jaw map-alignment6. Risk for seizures7. Intolerance to VPA due to liver cytochrome deficiencies.8. Ophthalmoplegia.9. Cervical and lumbar traumatic spondylosis with radiculopathy and pain. Physical exam on 4/39/14 showed "headaches, double vision, changes in hearing, tinnitus, sensory changes of the face/scalp. Word-finding and memory problems. Gait and balance are affected, has nearly fallen. Head is traumatic and marked swelling over left jaw area. Pupils were unequal, round, reactive to light and accommodation at 3mm on the right and 4mm on the left. Temporal pulses decreased. TMs were cloudy on each side suggestive of fluid behind each eardrum. Spasm to cervical paraspinals. Facial sensation decreased on left. Jaw jerk reflex not present." 1/7/14 report adds: "decreased range of motion, pain present with straight leg raise bilaterally." [REDACTED] [REDACTED] is requesting epidural steroid injection cervical, epidural steroid injection lumbar, Depakote, Lumbar puncture, CSF studies, and cisternogram. The utilization review determination being challenged is dated 7/9/14 and rejects Depakote as it is mainly for treating seizures and bipolar disorder, and rejects lumbar puncture as patient does not indicate with CT scan findings (age above 60, immunocompromise, CNS lesion, seizure within 1 week, ALOC, focal findings on euro exam, papilledema, hemorrhage, elevated ICP), and rejects CSF studies/cisternogram since

lumbar puncture is not indicated. [REDACTED] is the requesting provider, and he provided treatment reports from 1/9/14 to 6/30/14.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Epidural steroid injection cervical: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 175. Decision based on Non-MTUS Citation Official disabilities guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines The Expert Reviewer based his/her decision on the MTUS page 46 Page(s): 46.

**Decision rationale:** This patient presents with headaches, jaw pain, and left shoulder pain. The treater has asked for epidural steroid injection cervical on 6/30/14. Review of the report shows no prior epidural steroid injections, and 1/7/14 report has exam results and a diagnosis of lumbar radiculopathy. An MRI of the C-spine showed slight herniation at C5-6 and C6-7 per 1/9/14 report. . Regarding epidural steroid injections, MTUS recommends them as an option for treatment of radicular pain. Most current guidelines recommend no more than 2 ESI injections, in conjunction with other rehab efforts, including continuing a home exercise program. In this case, the patient does not present with radicular complaints and MRI showed minimal findings with no potential nerve root lesions. Examination does not show evidence of sensory/motor/reflex changes that show radiculopathy. The request is not medically necessary.

#### **Epidural steroid injection lumbar: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official disabilities guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines MTUS Chronic Pain Treatment Guidelines, Epidural steroid injections (ESIs), pg 46 of 127. Page(s): 46.

**Decision rationale:** This patient presents with headaches, jaw pain, and left shoulder pain. The treater has asked for epidural steroid injection lumbar on 6/30/14. Review of the report shows no prior lumbar MRIs. Regarding epidural steroid injections, MTUS recommends them as an option for treatment of radicular pain. In this case, the patient does not present with radicular complaints, or radiating pain down the leg in a specific nerve root distribution. There are no MRI findings to determine whether or not a potential nerve root lesion is present. The request is not medically necessary.

#### **Depakote 600mg: Overturned**

**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 Official Disability Guidelines (ODG).

**Decision rationale:** This patient presents with headaches, jaw pain, and left shoulder pain. The treater has asked for Depakote on 6/30/14. Patient has no psychiatric history or history of seizures per 5/9/14 report, but Depakote has made positive change in headaches/mood. The 5/28/14 report states patient is at risk for seizures. Depakote is an anti-convulsant used for seizures and bipolar disorder. ODG head chapter also includes valproic acid and its derivatives as first-line agents for the treatment of chronic migraines. In this case, it is not known how long patient has been taking Depakote, but it is stated to be effective for treating patient's migraine headaches, which are worsening. The request is medically necessary.

**Lumbar puncture:** Overturned

**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 ODG-TWC, Head Chapter.

**Decision rationale:** This patient presents with headaches, jaw pain, and left shoulder pain. The treater has asked for Lumbar puncture on 6/30/14. Brain MRI in 1/9/14 report showed meal artifact in left orbit extending into left frontal region. Extensive opacification of right/left mastoids/middle ears. Expected voids of arterial circulation. CT of facial bones in 1/9/14 report showed evidence of previous fracture on left side of mandible with screws, solidly healed. Tiny 2-3mm metal foreign body at left orbit in soft tissues just below left eye. Many lost teeth. A neuropsychiatric report of 10/13/13 showed old medical records from assault reported left gluteal soft tissue contusion, and confirmed primary treater's opinion regarding presence of PTSD and aphasia per 1/9/14 report. Lumbar puncture is indicated per ODG guidelines for neurological disease and injury with no radiographic evidence of extra-axial hemorrhage, mass effect, or impending brain herniation. With suspected or known increased intra-cranial pressure (including papilledema, absent venous pulsations on fundoscopic examination, altered mental status, or focal neurologic deficits), lumbar puncture should be preceded by fundoscopic examination and by a CT scan or MRI. Lumbar puncture is contraindicated in acute trauma to the spinal column, certain infections, increased intracranial pressure due to space occupying lesions, and in some coagulation disorders or defects. Additionally, it should be avoided if there are cutaneous infections in the region of the puncture site. If CT or MRI shows intracerebral, intra-ventricular, or subarachnoid blood, lumbar puncture should be withheld until neurological consultation is obtained. In this case, the patient presents with persistent headaches, double vision, visual decline, has had MRI's and CT scans without lesions. Lumbar puncture appears indicated. The request is medically necessary.

**CSF Studies:** Overturned

**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 ODG-TWC, Head Chapter.

**Decision rationale:** This patient presents with headaches, jaw pain, and left shoulder pain. The treater has asked for CSF studies on 6/30/14. According to ODG, lumbar puncture is a well-established diagnostic procedure for examination cerebrospinal fluid (CSF) in neurological disease and injury. The procedure should be performed by qualified and trained physicians under sterile conditions. In this case, the patient is indicated for a lumbar puncture, and thus the request for CSF studies appears reasonable to analyze the results of spinal tap. The request is medically necessary.

**Cisteinogram:** Overturned

**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 Medline Plus <http://www.nlm.nih.gov/medlineplus/ency/article/003823.htm>.

**Decision rationale:** This patient presents with headaches, jaw pain, and left shoulder pain. The treater has asked for a cisternogram on 6/30/14. According to Medline Plus, a radionuclide cisternogram is a nuclear scan test used to diagnose problems with the flow of spinal fluid. A lumbar puncture (spinal tap) is done first. Small amounts of radioactive material, called a radioisotope, are injected into the fluid within the spine. An abnormal result indicates disorders of CSF circulation. These may include: Hydrocephalus or dilated spaces in your brain due to an obstruction, CSF leak, Normal pressure hydrocephalus (NPH). In this case, the patient is indicated for a lumbar puncture. The requested cisternogram appears reasonable in order to evaluate the patient's ongoing headaches, neurologic deficits and double vision following injury. The request is medically necessary.