

Case Number:	CM14-0125964		
Date Assigned:	08/13/2014	Date of Injury:	08/09/2012
Decision Date:	09/17/2014	UR Denial Date:	07/14/2014
Priority:	Standard	Application Received:	08/08/2014

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, has a subspecialty in Pain Management 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 a male patient with a date of injury of August 9, 2012. A utilization review determination dated July 14, 2014 recommends non-certification of medial branch blocks at C3, C4, C5, and C6 with modification to C3, C4, and C5, neurology referral for postconcussive headaches, depression, and anxiety, and neuropsychology referral for postconcussive syndrome and memory. A progress note dated July 2, 2014 identifies subjective complaints of significant neck pain rated at a 5 - 6/10 without radiation. Current medications include Flexeril 5 mg 1 to 2 tablets at bedtime for muscle spasm, Prozac 20 mg one daily, Remeron 15 mg one at that time PRN insomnia, Topamax 25 mg once daily, and tramadol 50 mg 1 to 2 tablets prn pain. Physical examination identifies restricted range of motion of the cervical spine with flexion limited to 25 due to pain, extension limited to 15 due to pain, right lateral bending limited to 10 due to pain, left lateral bending limited to 15 limited by pain, lateral rotation to the left and limited to 15 due to pain, and lateral rotation to the right limited to 10 due to pain. The right paravertebral muscles of the cervical spine had hypertonicity, seven, tenderness, tight muscle band, and trigger point with twitch response and radiating pain on palpation. Cervical facet loading is positive on the right side. Bilateral biceps reflex is 1/4 and brachial radial reflexes 1/4. There is noted left dysgraphia, impaired calculation, and some deficiency with short-term memory with three-item recall. Diagnoses included anxiety disorder, postconcussion syndrome, and dizziness and giddiness. The treatment plan mentions that the patient has not received Prozac, tramadol, and Topamax, trial of Remeron 15 mg Q HS PRN insomnia is pending, consideration of gabapentin, continuation of over-the-counter and saline nasal spray, and recommendation for over-the-counter breathe right strips, re-request denied right cervical medial branch blocks at C4, C5, C6, C7, 12 sessions of physical therapy for neck are pending, re-request denied referral to neurologist, re-request denied referral to neuropsychologist, the patient is to proceed with referral

to ophthalmologist, and there is a pending consult with [REDACTED] for anosmia and increased mouth breathing. Within the treatment plan there is mention that the patient has previously seen a psychologist for cognitive behavioral therapy with some relief and has seen a neurologist who diagnosed him with mild closed head injury/concussion, headache with tension and migrainous features. The neurologist (per referenced notes) did not believe in further neuropsych testing and treatment for headaches.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medical Branch Block at C-3, C-4, C-5 and C-6: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Neck & Upper Back, Facet Joint Blocks.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174. Decision based on Non-MTUS Citation ODG, Neck Chapter Facet joint diagnostic blocks, facet joint pain signs and symptoms, Facet joint therapeutic steroid injections.

Decision rationale: Regarding the request for cervical medial branch blocks at C3, C4, C5, and C6, guidelines state that one set of diagnostic medial branch blocks is required with a response of greater than or equal to 70%. They recommend medial branch blocks be limited to patients with cervical pain that is non-radicular and at no more than 2 levels bilaterally. They also recommend that there is documentation of failure of conservative treatment including home exercise, physical therapy, and NSAIDs prior to the procedure. Guidelines reiterate that no more than 2 joint levels are injected in one session. Within the documentation available for review, the requesting physician has asked for 4 medial branch levels (corresponding with 3 joint levels), clearly beyond the maximum of 2 joint levels recommended by guidelines. Additionally, it is unclear exactly what conservative treatment has been attempted to address the patient's cervical facet joint pain, prior to the requested cervical medial branch blocks. In the absence of clarity regarding these issues, the currently requested cervical medial branch blocks at C3, C4, C5, and C6 is not medically necessary.

Neurology Referral for Post Concussive Headaches , Depression, and anxiety: 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) Occupational Medicine Practice Guidelines, Independent Medical Examinations and Consultations Chapter, Page 127.

Decision rationale: Regarding the request for a neurology referral for post-concussive headaches, depression, and anxiety, California MTUS does not address this issue. ACOEM supports consultation if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. Within the documentation available for review, the patient complains of daily post-concussive headaches. However, there is no documentation indicating if the patient has exhausted conservative treatment, particularly medications. Additionally, the request indicates that the referral to the neurologist is for post-concussive headaches, depression, and anxiety; however, a referral to a neurologist for depression and anxiety is not appropriate because those diagnoses are not typically treated by neurologists. In light of the above issues, the currently requested referral neurology referral for post-concussive headaches, depression, and anxiety is not medically necessary.

Neuropsychology Referral For Post Concussive Syndrome & Memory: 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 American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Occupational Medicine Practice Guidelines, Independent Medical Examinations and Consultations Chapter, Page 127.

Decision rationale: Regarding the request for a neuropsychology referral for post-concussive syndrome and memory, and right shoulder, California MTUS does not address this issue. ACOEM supports consultation if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. Within the documentation available for review, the requesting physician identify that the patient has post-concussive syndrome and memory deficits. Quantifying the degree of cognitive impairment and recommending a treatment plan would be a reasonable next step in treatment. As such, the currently requested neuropsychology referral for post-concussive syndrome and memory is medically necessary.