

Case Number:	CM14-0038266		
Date Assigned:	07/21/2014	Date of Injury:	04/06/2009
Decision Date:	09/18/2014	UR Denial Date:	03/13/2014
Priority:	Standard	Application Received:	04/01/2014

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 Emergency 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:

This is a patient with a reported date of injury on 4/6/2009. Mechanism of injury is described as a fall/fainting event at work leading to head injury. There is a diagnosis of subarachnoid hemorrhage but there is no documentation as to when and where did occur or if it was related to the fall and syncopal event. The patient has a history of prior subarachnoid hemorrhage, syncope/collapse, abrasion/contusion scalp and cervical spine. The patient is post C4-5 and C5-6 surgery (date and type of surgery was not provided for review). Medical records reviewed. The last report available was 4/8/14. The patient complains of head and neck pain. Pain is throbbing and stabbing. There is moderate intensity with improvement with medications. Pain is directed at a scar site. Objective exam reveals normal gait. There is no pain noted. Neck exam noted with posterior tenderness. There is normal range of motion with some pain. The patient was negative for Spurling's. No muscle spasms. Neurological exam is normal. Low back exam reveals some pain. No imaging reports were provided for review. Neurologist reports were not provided for review. The request for injection by the plastic surgeon is for an injection directed at a scalp scar. A notes from the plastic surgeon dated 10/8/13 states that the injection is for a scalp Neuroma. Steroid injection provided 100% relief for 3months duration. Patient is being followed by psychiatry and neurology as well. The patient is on Topamax, Alprazolam, Fioricet, Sertraline and ibuprofen. Independent Medical Review is for a Consult for injections by plastic surgeon, ■■■■■■■■■■, follow up injections of left-occipital scalp, Alprazolam #15 and Colace #60. The prior UR on 3/13/14 recommended non-certification. It approved prescription for Zoloft and Topamax.

IMR ISSUES, DECISIONS AND RATIONALES

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

reconsult with injections by plastic surgeon, [REDACTED]: 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 Other Medical Treatment Guideline or Medical Evidence: <Wu J and Chiu CT. Painful Neuromas: A review of treatment modalities. Ann Plast Surg. 1999 Dec;43(6):661-7.>.

Decision rationale: The MTUS Chronic pain and ACOEM guidelines or Official Disability Guidelines do not have any sections that deal with this issue. This review concerns need for consultation to a plastic surgeon for a scalp injection. It does not deal with the specific referral to [REDACTED] as this reviewer does not know if the physician is within the patient's physician network or what specific plan is in place. Since the referral is for a cutaneous injection, this review will specially review the medical necessity of the injection as a prerequisite for the referral to the plastic surgeon. The plastic surgeon's SOAP/brief note dated 10/8/13 mentions that patient's scalp pain is due to a painful Neuroma. However there is no noted physical exam or an actual diagnosis of painful Neuroma on record or in any of the documentation. It notes 100% improvement in pain for up to 3months. Notes seem to state that patient has gotten several similar injections in the past. As per review of literature, steroid injections of a painful Neuroma may be beneficial however, the lack of a physical exam related to the scalp (there is no documentation scar or Neuroma in any of the provided progress notes) and the lack of an actual diagnosis of a Neuroma does not warrant a consultation for a procedure. The referral is not medically necessary due to lack of appropriate documentation to support the medical necessity. Such as, a reconsult with injections by plastic surgeon, [REDACTED] is not medically necessary.

follow-up injections-left occipital scalp: 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 Other Medical Treatment Guideline or Medical Evidence: <Wu J and Chiu CT. Painful Neuromas: A review of treatment modalities. Ann Plast Surg. 1999 Dec;43(6):661-7.>.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Alprazolam #15: 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 Benzodiazepines Page(s): 23.

Decision rationale: Alprazolam is a benzodiazepine often given for anxiety or insomnia but may be given as a muscle relaxant. There is no documentation why Lorazepam was prescribed but it is likely used for his chronic pain and not for sleep or anxiety. As per MTUS guidelines, benzodiazepine is not recommended due to risk of dependence and risk of tolerance. There is little evidence for its efficacy for pain. There is no documentation to support its use for insomnia, anxiety or other problems. Such as, Alprazolam #15 is not medically necessary.

Colace #60: 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 Opioids Page(s): 77.

Decision rationale: As per MTUS Chronic pain and ACOEM Guidelines, constipation treatment or prophylaxis only relates to patients undergoing opioid therapy. This patient has is not noted to be on any opioids. The patient has no complaints or any documentation constipation. Such as, Colace #60 is not medically necessary.