MAXIMUS Federal Services

Case Number:	CM14-0055271		
Date Assigned:	08/08/2014	Date of Injury:	11/15/2013
Decision Date:	11/21/2014	UR Denial Date:	04/15/2014
Priority:	Standard	Application Received:	04/24/2014

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 Illinois. 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 injured worker is a 51-year-old male who reported an injury on 10/15/2013. The mechanism of injury was a fall. The diagnoses included cervical contusion, lumbar back contusion, thoracic back contusion, neck contusion, closed head trauma, and scalp contusion. Previous treatments included physical therapy and medication. The diagnostic testing included x-rays and MRI of the neck and back. In the clinical note dated 03/04/2014, it was reported the injured worker complained of severe pain on the right side with numbness and pain in the left leg. The injured worker complained of possible seizures versus anxiety attacks during physical therapy. The injured worker complains of headaches. He describes them as throbbing in nature. On the exam, the provider noted the injured worker had limitation on the range of motion of the hip flexors and abductors due to pain in the hips and low back. The injured worker had a positive Tinel's sign on the right wrist. The provider noted the injured worker had poor range of motion of the lumbar spine in all directions. A straight leg raise was noted to be positive bilaterally with tenderness to palpation upon the buttocks which reproduced buttock pain. The clinical documentation noted the injured worker had bilateral greater occipital nerve tenderness; jump signs. The provider requested formal olfactory assessment for loss of smell due to trauma, bilateral greater occipital nerve blocks, MRI of the hip and pelvis, Depakote, and Keppra. However, the rationale is not provided for clinical review. The request for authorization was not submitted for clinical review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Formal Olfactory Assessment: 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), Head Chapter, Anosmia treatment

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Head, Anosmia treatment

Decision rationale: The decision for a formal olfactory assessment is not medically necessary. The Official Disability Guidelines note anosmia is the inability to perceive odors and smells or lack of functioning olfaction. Head injury is the leading cause of post-traumatic insomnia. Complete or partial loss of olfactory function may occur when the nasal passages are blocked, olfactory nerves are injured, and these are contusions or hemorrhages in the olfactory centers of the brain. Evaluation of the patient with post-traumatic olfactory loss should include, but may be limited to physical examination by an otolaryngologist. Nasal endoscopy and radiological studies should be performed, as well as olfactory function test to determine the degree of the type of the olfactory impairment. Although treatment options may be limited, physician should provide information and counseling regarding the risks and hazards associated with the loss of olfactory function. The clinical documentation submitted did not indicate the injured worker had subjective complaints of inability to perceive odors or smells or lack of functioning olfaction. Additionally, there is a lack of objective findings warranting the medical necessity. Therefore, the request is not medically necessary.

Bilateral greater occipital nerve blocks: 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), Neck and Upper back chapter

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper back, Greater occipital Nerve block, diagnostic

Decision rationale: The request for bilateral greater occipital nerve blocks is not medically necessary. The Official Disability Guidelines note greater occipital nerve blocks are under study. Greater occipital nerve blocks have been recommended by several organizations for the diagnosis of both occipital neuralgia and cervicogenic headaches. In addition, there is no research evaluating the block as a diagnostic tool under controlled conditions. The guidelines note greater occipital nerve blocks are still under study. There is a lack of convincing clinical trials to aid in the diagnostic methodology. There is a lack of documentation indicating the injured worker had tried and failed previous therapies. The request submitted failed to provide the number of injections to be given. Therefore, the request is not medically necessary.

MRI of the hips and pelvis: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - Hip and Pelvis chapter

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Hip & Pelvis, MRI (magnetic resonance imaging)

Decision rationale: The request for an MRI of the hip and pelvis is not medically necessary. The Official Disability Guidelines note MRIs are the most accepted form of imaging for finding avascular necrosis of the hip and osteonecrosis. Imaging indications include osseous, articular, or soft tissue abnormalities, osteonecrosis, occult acute and stress fracture, acute and chronic soft tissue injuries, and tumors. There is a lack of documentation indicating the injured worker had failed to respond to conservative measures. The clinical documentation submitted did not indicate the injured worker had any indications warranting the medical necessity for the MRI. Therefore, the request is not medically necessary.

Depakote time release 500mg. Unspecified Quantity: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epileptics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs) Page(s): 16, 21.

Decision rationale: The request for Depakote time release 500 mg unspecified quantity is not medically necessary. The California MTUS Guidelines recommend Depakote for neuropathic pain. The guidelines also note Depakote has been shown to have variable efficacy, with failure to demonstrate efficacy in neuropathic pain of central etiology. It is considered for the use of neuropathic pain when other anticonvulsants fail. After initiation of treatment, there should be documentation of pain relief and improvement in function, as well as documentation of side effects incurred with use. The continued use of antiepileptic drugs depends on the improved outcome versus tolerability and adverse effects. The request submitted failed to provide the frequency and quantity of the medication. There is a lack of documentation warranting the medical necessity of the request. There is a lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. Therefore, the request is not medically necessary.

Keppra 500mg. Unspecified Quantity: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepileptics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs) Page(s): 16, 21.

Decision rationale: The request for Keppra 500 mg unspecified quantity is not medically necessary. The California MTUS Guidelines recommend Keppra for neuropathic pain. The guidelines also note Keppra has been shown to have variable efficacy, with failure to demonstrate efficacy in neuropathic pain of central etiology. It is still considered for the use of neuropathic pain when other anticonvulsants have failed. After initiation of the treatment, there should be documentation of pain relief and improvement in function, as well as documentation of side effects incurred with use. The continued use of antiepileptic drugs depends on the improved outcomes versus tolerability and adverse effects. There is a lack of documentation indicating the quantity and frequency of the medication. There is a lack of documentation indicating the injured worker had tried and failed on other anticonvulsants. The efficacy of the medication was not provided. Therefore, the request is not medically necessary.