

Case Number:	CM14-0078406		
Date Assigned:	07/18/2014	Date of Injury:	02/24/1998
Decision Date:	09/19/2014	UR Denial Date:	05/19/2014
Priority:	Standard	Application Received:	05/28/2014

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 58-year-old male who reported an injury on 02/22/1998. The mechanism of injury was a fall. The diagnoses include headache, lumbago, knee osteoarthritis, knee pain, hip pain, knee joint pain, cervicalgia, chronic pain syndrome. The previous treatments included medication, Bioflex machine, and walker. Within the clinical note dated 02/06/2014, it was reported the injured worker complained of chronic neck, low back, and bilateral knee pain. He complained of increasing neck pain as well as frontal headaches with headaches getting increasingly worse over the past month. The injured worker is status post lumbar fusion. Upon the physical examination, the provider noted the injured worker had tenderness to palpation of the supraorbital area bilaterally. The provider noted the injured worker had paraspinal tenderness on the left, paraspinal tenderness on the right. The provider noted the injured worker had painful rotation to the right and left. The injured worker had mild swelling of the left knee, 1+ effusion, and tenderness to palpation. The range of motion of the left was flexion at 120 degrees and extension was neutral. The provider noted the injured worker rated his headache 8/10 in severity. The provider noted that the injured worker failed conservative management, rest, and opioids. The provider requested a bilateral supraorbital block, an MRI of the cervical spine, and Tramadol. However, the request for authorization for the supraorbital block was submitted on 02/10/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral supraorbital block, QTY: 1.00: 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 Official Disability Guidelines (ODG), Head, Greater occipital nerve block (GONB).

Decision rationale: The request for bilateral supraorbital block quantity 1 is not medically necessary. The Official Disability Guidelines note greater occipital blocks are under study for the use of treatment of primary headaches. The guidelines note the studies of the use greater occipital blocks for the treatment of migraines and cluster headaches show conflicting results when positive, have found response limited to short-term duration. The mechanism of action is not understood, nor is there standardized method of this of the use of this modality for the treatment of primary headaches. A recent study has shown that greater occipital nerve blocks are not effective for chronic tension headaches. The block may have a role in differentiating between cervicogenic headaches, migraine headaches, and tension headaches. There is a lack of documentation noting the lack of significant objective findings warranting the medical necessity for the request. The guidelines note there is conflicting evidence for the use of the blocks. Therefore, the request is not medically necessary.

MRI of the cervical spine, QTY: 1.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

Decision rationale: The request for an MRI of the cervical spine, quantity 1, is not medically necessary. The CA MTUS/ACOEM Guidelines note the criteria for ordering imaging studies include emergence of red flags, physiological evidence of tissue insult or neurological dysfunction, failure to progress in a strengthening program intended to avoid surgery, and clarification of the anatomy prior to an invasive surgery. There is a lack of documentation indicating the injured worker tried and failed on conservative treatment. There is a lack of significant neurological deficits in a specific dermatomal or myotomal distribution. Therefore, the request is not medically necessary.

Tramadol ER, 150 mg tablets, QTY: 30.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, On-Going Management Page(s): 78.

Decision rationale: The request for tramadol ER 150 mg tablets quantity 30 is not medically necessary. The California MTUS Guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines recommend the use of a urine drug screen or inpatient treatment with issues of abuse, addiction, or poor pain control. The provider did not document an adequate and complete pain assessment within the documentation. There is a lack of documentation indicating the medication had been providing objective functional benefit and improvement. Additionally, the use of a urine drug screen was not provided for clinical review. Therefore, the request is not medically necessary.