

Case Number:	CM14-0179145		
Date Assigned:	11/03/2014	Date of Injury:	02/13/2003
Decision Date:	01/30/2015	UR Denial Date:	10/08/2014
Priority:	Standard	Application Received:	10/28/2014

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 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:

The injured worker is a 50-year-old female who reported an injury on 02/13/2003. The mechanism of injury was not submitted for clinical review. The diagnoses included cervicalgia and lumbago. The previous treatments included medication, physical therapy, Botox injection, cognitive behavioral therapy, TENS unit, and lumbar puncture. The diagnostic testing included a cervical MRI. Within the clinical note dated 09/30/2014, it was reported the injured worker complained of headaches when sitting up. She complained of severe headaches after lumbar puncture on 09/15/2014. The injured worker complained of frontal band like headaches with numbing feeling on the forehead. The injured worker reported having nausea and headaches 5 minutes after her lumbar puncture. Upon the physical examination, the provider indicated the injured worker had limited range of motion when turning to the left. The injured worker had significant muscle spasms associated with cervical dystonia. The provider indicated the injured worker to have postlumbar puncture headaches. The provider requested a blood patch for headaches and pain management consultation. The Request for Authorization was submitted and dated 10/01/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Blood Patch x 1: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Warwick WI, Neal JM - Beyond Spinal Headache.

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: Safa-Tisseront V1, Thormann F, MalassinÃ© P, Henry M, Riou B, Coriat P, Seebacher J. Effectiveness of epidural blood patch in the management of post-dural puncture headache. Anesthesiology. 2001 Aug; 95(2):334-9.

Decision rationale: The request for a blood patch x 1 is not medically necessary. The evidence based case manager article evaluates lumbar epidural blood patch is a common treatment of post-dural puncture headaches, but its effectiveness and mode of action remain a matter of debate. The aim of this study was to assess both the effectiveness and the predictive factors of failure of EBP on severe post-dural puncture headaches. The EBP effect was classified into complete relief (disappearance of all symptoms), incomplete relief of symptoms (clinically improved patients who recovered sufficiently to perform normal daily activity), and failure (persistence of severe symptoms). Epidural blood patch is an effective treatment of severe post-dural puncture headache. Its effectiveness is decreased if dura mater puncture is caused by a large bore needle. The clinical documentation submitted indicated the injured worker underwent an epidural lumbar puncture. The guidelines indicate blood patches are utilized to help relieve the symptoms of LP headaches. Therefore, the request is certified.

Pain management consultation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM CHAPTER 7 Independent Medical Examinations and Consultations. 105-117

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), updated guidelines, Chapter 6, page 163.

Decision rationale: The request for pain management consultation is not medically necessary. The California MTUS/ACOEM Guidelines state that consultation is intended to aid in the assessing the diagnosis, prognosis, therapeutic management, determination of medical stability and permanent residual loss and/or examinees fitness to return to work. There is lack of significant objective findings warranting the medical necessity for the request. The provider failed to provide a rationale for the request submitted. Therefore, the request is not medically necessary.