

Case Number:	CM14-0193398		
Date Assigned:	11/26/2014	Date of Injury:	04/08/2014
Decision Date:	01/16/2015	UR Denial Date:	11/17/2014
Priority:	Standard	Application Received:	11/17/2014

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 & Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 51 year old male with a date of injury of 4/8/14. Per treating physician report dated 11/3/14, the patient presents with constant neck and headaches, light sensitivity, anxiety, abnormal sleep, cognitive impairment and memory loss. He has been treated with Nortriptyline, Motrin and low dose Depakote. Physical examination revealed generalized moderate tenderness over the neck and shoulder girdle. TTP bilateral cervical paraspinal musculature with positive muscle twitches response. Tinel's is positive in the bilateral greater occipital nerves. Range of motion is moderately restricted in all directions, a pain elicited in all directions. The listed diagnoses are post traumatic headache, post-concussion syndrome, variants of migraine, and mononeuritis of unspecified site, cervicgia, occipital neuralgia, and anxiety state. Treatment plan is for u/s guided greater occipital nerve block, cervical paraspinal trigger point injection, vestibular assessment/treatment and pain psychology consult and testing. The utilization review denied the request on 11/17/14. There is only progress report dated 11/3/14 provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultrasound Guided Greater Occipital Nerve Block: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Neck & Upper Back

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

Decision rationale: This patient presents with neck pain and continued headaches. Review of the reports does not show any evidence of occipital nerve blocks being done in the past. Regarding Greater Occipital nerve blocks, ODG under its head chapter states they are under study for use in treatment of primary headaches. Studies on the use of greater occipital nerve block (GONB) for treatment of migraine and cluster headaches show conflicting results, and when positive, have found response limited to a short-term duration. A recent study has shown that GONB is not effective for treatment of chronic tension headache. The block may have a role in differentiating between cervicogenic headaches, migraine headaches, and tension-headaches. In this case, per ODG, the requested procedure is under study and currently there is conflicting results with only short term benefit. Furthermore, Occipital nerve block is a superficial injection and does not require U/S guidance. None of the guidelines support or recommend use of U/S for this injection. The requested occipital nerve block with U/S guidance is not medically necessary.

Ultrasound Guided Cervical Paraspinal Trigger Point Injection: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines trigger point injections Page(s): 122.

Decision rationale: This patient presents with neck pain and continued headaches. The MTUS Guidelines page 122 under its chronic pain section has the following regarding trigger point injections, "Recommended only for myofascial pain syndrome with limited lasting value, not recommended for radicular pain." MTUS further states that all criteria need to be met including documentation of trigger points (circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain) symptoms persist for more than 3 months, medical management therapy, radiculopathy is not present, no repeat injections unless a greater than 50% relief is obtained for 6 weeks, etc. In this case, recommendation for trigger point injections cannot be supported as there is no evidence of "twitch response" or taut bands as required by MTUS. This request is not medically necessary.

Vestibular assessment/treatment: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Head Vestibular studies

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) head chapter, vestibular therapy

Decision rationale: This patient presents with neck pain and continued headaches. The ODG Guidelines has the following regarding vestibular therapy under its head chapter, "recommended for patients with vestibular complaints (dizziness and balance dysfunction, such as with MTBI/concussion.) Vestibular rehabilitation has been shown to be associated with improvements and independence, and dynamic visual activity. (Cohen, 2000) vestibular rehabilitation should be considered in the management of individuals post-concussion with dizziness and gait and balance dysfunction that do not resolve with rest." In this case, the patient has post-concussion syndrome, but there is no discussion of vestibular complaints. There is no documentation of dizziness or balance dysfunction to warranted vestibular treatment. The requested assessment/treatment is not medically necessary.

Pain Psychology Consult/Testing: Overturned

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

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) ACOEM Practice Guidelines, 2nd Edition (2004), Independent medical examination and consultations. Ch:7 page 127

Decision rationale: This patient presents with neck pain and continued headaches. ACOEM Practice Guidelines, Second Edition (2004), page 127 has the following, "The occupational health practitioner may refer to other specialist if the diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise." Given the patient's multiple clinical problems and complaints of continued pain, a pain psychological consult is reasonable and supported by ACOEM. This request is medically necessary.