

<b>Case Number:</b>	CM14-0196200		
<b>Date Assigned:</b>	12/04/2014	<b>Date of Injury:</b>	02/05/2004
<b>Decision Date:</b>	01/16/2015	<b>UR Denial Date:</b>	10/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/24/2014

### 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 Orthopedic Spine Surgeon and is licensed to practice in Texas. 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 53-year-old male who reported injury on 02/05/2002. While at work, the patient fell off some concrete steps injuring his back. The diagnoses included lumbar spondylosis, radiculopathy at the cervical, other pain disorder related to psychological factors, mood disorder, herniated disc to the thorax, radiculopathy at the lumbar spine, failed back syndrome to the lumbar, fibromyalgia/myelitis, degenerative disc disease of the lumbar, and lumbosacral spondylosis without myelopathy. The injured worker had a spinal cord stimulator placed on 09/22/2014. Medications were not provided. The injured worker complained of mid-back, neck, and leg pain. The clinical notes dated 09/29/2014 indicated that the injured worker was in for a follow up with 100% pain relief for the most part. The injured worker rated his pain 3/10 using the VAS. He had only used 2 Norco x1 week. The physical examination to the cervical spine revealed left paraspinous tenderness. No palpable trigger points to the muscles of the neck or head. Examination revealed anterior flexion noted at 50 degrees, pain was noted when neck was flexed anteriorly. Extension of the cervical spine was noted at 15 degrees with pain noted in the extension of the cervical spine. Thoracic spine revealed no evidence of atrophy or asymmetry noted. No tenderness at the thoracic paraspinal muscles or facet joints and no palpable trigger points to the muscles in the head or neck. The spinal cord revealed no pain on palpation at the lumbar facet. No pain noted to the lumbar intervertebral spaces on palpation. Palpation to the bilateral sacroiliac joints revealed no pain. Anterior flexion of the lumbar spine was noted at 60 degrees and the extension of the lumbar spine was noted at 15 degrees. There was pain noted at the lumbar extension. Motor strength was grossly normal. Upper extremity sensation was decreased to the pinpoint 4th and 5th fingers in the left hand and left extremity sensation numbness bilaterally to the outer thighs. Documentation included the operative report

dated 09/22/2014. The treatment plan included blood patch date of service 09/22/2014. The Request for Authorization dated 12/04/2014 was submitted with documentation.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Blood patch, DOS: 9/22/14:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation [www.mayoclinic.com/health/spinal-headaches](http://www.mayoclinic.com/health/spinal-headaches)

**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: <http://www.othermedicaltreatmentguideline.com/> Other Medical Treatment Guideline or Medical Evidence: <http://www.drugs.com/cg/epidural-blood-patch-inpatient-care.html> [www.drugs.com/cg/epidural-blood-patch-inpatient-care.html](http://www.drugs.com/cg/epidural-blood-patch-inpatient-care.html)

**Decision rationale:** The California MTUS/ ACOEM/ Official Disability Guidelines do not address therefore, drugs.com was advised. An epidural blood patch is a procedure used to relieve a headache caused by spinal fluid leak after a Dural puncture. A caregiver will inject a sample of your own blood into your back, near the Dural puncture site. The blood will clot, which may patch the leak. An epidural blood patch may also help reduce other spinal fluid leak symptoms, such as nausea, vomiting, hearing or vision trouble, or a stiff neck. The documentation for 09/22/2014 indicated the injured worker had an SCS however there were no complaints of headaches, no evidence of a spinal leak, therefore the request for the Blood Patch, DOS: 09/22/2014 is not medically necessary.