

Case Number:	CM15-0164602		
Date Assigned:	09/01/2015	Date of Injury:	10/14/2014
Decision Date:	10/05/2015	UR Denial Date:	08/06/2015
Priority:	Standard	Application Received:	08/21/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Arizona, California

Certification(s)/Specialty: Family Practice

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 60-year-old female, who sustained an industrial injury on 10-14-14. She reported pain in her neck. The injured worker was diagnosed as having cervicgia, brachial neuritis or radiculitis and cervicobrachial syndrome. Treatment to date has included a cervical MRI on 3-4-15, physical therapy x 6 sessions and acupuncture x 6 sessions with no relief, trigger point injections with no relief and a C5-C5 selective nerve block on 6-10-15. Current medications include Topamax, Aspirin, Excedrin Migraine, Nortriptyline and Voltaren CR since at least 6-23-15. On 6-29-15, the injured worker rated her pain a 5 out of 10. As of the PR2 dated 7-29-15, the injured worker reports pain in her neck and headaches that did improve with the occipital nerve block. She is able to work part-time with restrictions. Objective findings include cervical flexion is 60 degrees; extension is 65 degrees and lateral bending 35 degrees bilaterally. The treating physician requested pulsed RFA right greater occipital nerve under fluoroscopy for headache, aggressive strengthening and postural adjustment and a spine school followed by possible bracing of the cervical spine and Voltaren CR 100mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pulsed RFA right greater occipital nerve under fluoroscopy for headache: Upheld

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 Official Disability Guidelines (ODG) neck chapter and pg 27.

Decision rationale: Similar to facet ablations, occipital nerve ablations are under study. Criteria include plan for rehab, improvement in VAS score documentation and prior diagnostic blocks. In this case, the claimant did receive blocks and conservative therapy. The claimant was responsive to prior blocks. The request therefore the RFA ablation for the occipital nerve is not medically necessary.

Aggressive strengthening and postural adjustment and a spine school followed by possible bracing, cervical spine: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 299, Chronic Pain Treatment Guidelines physical medicine Page(s): 98-99.

Decision rationale: According to the MTUS guidelines, therapy is recommended in a fading frequency. They allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. The following diagnoses have their associated recommendation for number of visits. Myalgia and myositis, unspecified 9-10 visits over 8 weeks. Neuralgia, neuritis, and radiculitis, unspecified 8-10 visits over 4 weeks; Reflex sympathetic dystrophy (CRPS) 24 visits over 16 weeks. According to the ACOEM guidelines: Physical and Therapeutic Interventions are recommended for 1 to 2 visits for education. This education is to be utilized for at home exercises which include stretching, relaxation, strengthening exercises, etc. In this case, the claimant already completed at least 6 sessions of therapy. There is no documentation to indicate that the sessions provided cannot be done independently by the claimant at home. Furthermore, the guidelines do not recommend back braces. Consequently, spine school and bracing are not medically necessary.

Retro Voltaren CR 100 mg #30 dispensed on 7/29/2015: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67.

Decision rationale: According to the guidelines, NSAIDs are recommended as a second-line treatment after acetaminophen. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain. NSAIDs are recommended as an option for short-term symptomatic

relief. In this case, the claimant had been on NSAIDs for over a year. There was no indication of Tylenol failure. Long-term NSAID use has renal and GI risks. Pain reduction score with use of medications is unknown. The claimant still required invasive procedure to reduce pain. Continued use of Voltaren is not medically necessary.