MAXIMUS Federal Services

Case Number:	CM15-0205587		
Date Assigned:	10/22/2015	Date of Injury:	06/07/2000
Decision Date:	12/11/2015	UR Denial Date:	10/12/2015
Priority:	Standard	Application Received:	10/20/2015

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, Texas
Certification(s)/Specialty: Internal Medicine

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 65 year old female, who sustained an industrial injury on 06-07-2000. A review of the medical records indicates that the worker is undergoing treatment for chronic migraine headaches, hypertension, diabetes mellitus, chronic low back pain, generalized anxiety disorder, hypothyroidism and peripheral neuropathy. Treatment has included Gabapentin, Hydrocodone, Oxycodone, Trazodone, Sumatriptan, Aspirin, anti-hypertensive medications and occipital nerve blocks. A transfer summary note on 07-29-2015 shows that the injured worker had presented to the emergency department (ED) for evaluation of lower extremity numbness, tingling and incontinence of urine. The injured worker had also reported headache. Multiple medications including Decadron, Benadryl, Depakote and Magnesium and triptans were administered but were only temporarily effective at relieving headache. The physician noted that neurological examination failed to demonstrate any other significant neurological findings. Blood pressure was elevated. CT of the brain showed no evidence of acute intracranial abnormality. The worker was noted to have been treated by a neurologist at [redacted] for these symptoms with the use of occipital nerve blocks and was being transferred to [redacted] as the neurologist credentialed to perform these blocks at [redacted] was on vacation. The plan of care included physical therapy evaluation, neurology consult and occipital nerve block. The worker was seen in consultation on 08-03-2015 and the neurologist recommended electromyography nerve conduction study, possible MRI of the spine, avoidance of narcotics, cocktail of Decadron, Benadryl, Depakote and Magnesium and physical therapy for help with ambulation. Documentation shows that the injured worker underwent a bilateral

occipital nerve block for treatment of intractable migraine for the prior 9 days on 08-07-2015. There were no admission orders included for review and the rationale for requiring acute inpatient care was note provided. A utilization review dated 10-12-2015 non-certified a request for retro: review of ER visit on 7-29-2015 with inpatient stay from 7-29-2015-8-8-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro: review of ER visit on 7/29/15 with inpatient stay from 7/29/15 - 8/8/15: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation InterQual Criteria for acute inpatient hospital admissionMedicare Criteria for acute inpatient hospital admission.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation UptoDate.com. Evaluation of the adult with headache in the emergency department.

Decision rationale: The MTUS is silent regarding inpatient treatment of headaches. According to UptoDate.com, patients in whom a secondary cause of headache is discovered are admitted or referred to the appropriate setting. Patients in whom a secondary cause was suspected, but a thorough, appropriate workup was normal, should be treated symptomatically and may be discharged with primary care or neurologic follow-up. Of note, patient response to analgesics should not be used as a diagnostic tool and should NOT dissuade performance of LP when indicated by history or examination. In this case the patient had a non-focal neurologic exam in the ED. The etiology of her headache was considered chronic migraine headache. She had imaging of the central nervous system that was without acute illness. Overall she had stabilized and symptomatically improved by the time of admission. She could have been treated at a lower level of care. The inpatient admission is not medically necessary.