

Case Number:	CM15-0034897		
Date Assigned:	03/03/2015	Date of Injury:	05/01/2014
Decision Date:	04/14/2015	UR Denial Date:	01/30/2015
Priority:	Standard	Application Received:	02/24/2015

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: North Carolina, Georgia
 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 42 year old female, who sustained an industrial injury on May 1, 2014. She has reported headache, dizziness, and difficulty concentrating. The diagnoses have included subdural hemorrhage and cervicogenic vertigo. Treatment to date has included medications, physical therapy, acupuncture and imaging studies. A progress note dated July 28, 2014 indicates a chief complaint of headache, dizziness, and difficulty concentrating. Physical examination showed cervical spine muscle rigidity, tenderness, and decreased range of motion, anxiety and depression, and decreased reflexes throughout. The treating provider requested comprehensive progressive rehabilitation associates/brain injury rehabilitation program evaluation; comprehensive vestibular evaluation, and diagnostic, temporary chemo denervation injections with local anesthetic. On January 30, 2015 Utilization Review denied the request citing the California Medical Treatment Utilization Schedule California Chronic Pain Medical treatment Guidelines and American College of Occupational and Environmental Medicine Guidelines. On February 24, 2015, the injured worker submitted an application for IMR of a request for comprehensive progressive rehabilitation associates/brain injury rehabilitation program evaluation; comprehensive vestibular evaluation, and diagnostic, temporary chemo denervation injections with local anesthetic.

IMR ISSUES, DECISIONS AND RATIONALES

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

Comprehensive Progressive Rehabilitation Associates/Brain Injury rehab program evaluation; comprehensive vestibular evaluation: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 127, Chronic Pain Treatment Guidelines Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines-Cognitive Behavior Therapy guidelines; Head, vestibular studies.

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 127.

Decision rationale: ACOEM indicates that specialty consultation may be pursued when the diagnosis is uncertain or complex or when the course of care may benefit from additional expertise. In this case, the submitted medical records do well document a complex situation of ongoing pain, dizziness and significant dysfunction after initial head injury. There has been an adequate trial of primary care and primary neurology interventions which have failed to produce improvement. The request is for an evaluation for a comprehensive brain injury rehabilitation program and for evaluation of comprehensive vestibular function. Both of these evaluations are medically indicated.

Diagnostic, temporary chemo denervation injections with local anesthetic: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Neck and Upper Back.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Neck, Greater Occipital Nerve Block, diagnostic.

Decision rationale: CA MTUS is silent on the topic of diagnostic occipital nerve blocks for headaches. ODG states that greater occipital nerve blocks are under study. Several organizations recommend their use for diagnosis of occipital neuralgia and cervicogenic headaches. Although questions remain about exact techniques, there is general consensus that greater occipital nerve blocks are useful for distinguishing between cervicogenic headaches, migraines and tension headaches. In this case, there is clear documentation of ongoing headaches, thought to be cervicogenic in origin, which have not responded to a wide range of pharmacologic and physical interventions (physical therapy, acupuncture). The request for diagnostic temporary chemical denervation with local anesthetic is medically indicated and is approved.