

Case Number:	CM15-0082692		
Date Assigned:	05/05/2015	Date of Injury:	01/02/2014
Decision Date:	06/08/2015	UR Denial Date:	04/23/2015
Priority:	Standard	Application Received:	04/30/2015

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: Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management

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 sustained a work related injury January 2, 2014. While working, he had to bend over more than 300 times a day, causing an increase in neck pain. Past history included anterior C5-6 discectomy with interbody fusion (non-industrial) in 2008. According to a primary treating physician's progress report, dated February 27, 2015, the injured worker presented with persistent headaches and neck pain. He had undergone aquatic therapy and physical therapy. The activity caused a flare-up of his headaches resulting in spending most of the day in bed. He was followed by pain management and received C2-3 injections, which provided relief for the neck pain but not the headaches. Recommendation by neurosurgery was made for nerve root block and possibility of an occipital nerve stimulator for occipital neuralgia. The IW completed facet median branch blocks but not rhizotomy. Assessment documented as persistent neck pain, persistent headaches, jaw pain and teeth grinding. Diagnosis documented as occipital neuralgia. There was subjective complaint of neck pain radiating to the upper extremities associated with numbness and tingling sensation. An orthopedic supplemental report, dated April 13, 2015, finds agreement for the request for authorization of a spinal cord stimulator trial and selective nerve root blocks. The 2/13/2015 psychological evaluation noted cognitive dysfunction, anxiety and depression. There was recommendation for CBT and re-evaluation in December 2015. The medications listed are gabapentin, Trileptal, Fioricet, Norco and Soma.

IMR ISSUES, DECISIONS AND RATIONALES

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

Spinal cord stimulator: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Spinal Cord Stimulators (SCS) Page(s): 105-107. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Spinal cord stimulation (SCS).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 101, 105, and 107. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Head and Neck, Mental Illness and Stress.

Decision rationale: The CA MTUS and the ODG guidelines recommend that interventional pain procedures can be utilized for the treatment of severe pain syndromes when conservative treatments with medications and PT have failed. The utilization of spinal cord / nerve stimulator devices becomes an option when minimally interventional pain procedures and psychiatric treatments have been completed. The records did not show that the patient completed interventional pain procedures for the treatment of neck pain and headache. There is no documentation of rhizotomy, diagnostic occipital nerve blocks or cervical epidural injections for the treatment of the occipital headache, cervical radiculopathy or facet syndrome. There was no post treatment report following the recommended CBT. The criteria for the utilization of spinal cord stimulator for the occipital headache were not met. The request is not medically necessary.

Selective nerve root blocks (SNRB): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 49. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Neck and Upper Back.

Decision rationale: The CA MTUS and the ODG guidelines recommend that interventional pain procedures can be utilized for the treatment of severe pain syndromes when conservative treatments with medications and PT have failed. There is documentation of completion of multiple medications management, surgery and PT. The records did not show subjective, objective and radiological findings consistent with the diagnosis of cervical radiculopathy. The patient completed cervical facet interventional pain procedures for the treatment of neck pain and headache. The criteria for selective nerve root blocks of the cervical spine were met. The guidelines recommend that a maximum of 3 blocks performed at each setting under fluoroscopy. The request is medically necessary.