

Case Number:	CM13-0037474		
Date Assigned:	12/13/2013	Date of Injury:	08/22/2001
Decision Date:	02/13/2014	UR Denial Date:	10/11/2013
Priority:	Standard	Application Received:	10/23/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in New York and 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 physician 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 patient is a 50 year old female who reported an injury on 08/22/2001. The patient is diagnosed with L5-S1 degenerative disc disease, left hip osteoarthritis, degenerative disc disease in the cervical spine, left shoulder sprain and strain, and right wrist carpal tunnel syndrome. The patient was seen by [REDACTED] on 10/14/2013. The patient reported 8/10 lower extremity pain. Physical examination revealed limited cervical range of motion, left occipital tenderness, tenderness of the trapezius muscles, full range of motion of the shoulders, elbows and wrists, positive Tinel's in the right median wrist, limited lumbar range of motion, pain and spasm in the lumbar spine junction, positive pain over the areas of the facet joints, positive Faber testing, and decreased sensation in the left lower extremity. Treatment recommendations included cognitive rehabilitation and continuation of current medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medial branch block retry: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines; Journal of Anesthesiology 2001 August; 95 (2):334-9 "Effectiveness of Epidural Blood Patch in the Management of Post-dura Puncture Headache"

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

Decision rationale:

Evaluation for dural repair with patch: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines; Journal of Anesthesiology 2001 August; 95 (2):334-9 "Effectiveness of Epidural Blood Patch in the Management of Post-dura Puncture Headache"

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Office Visits

Decision rationale: California MTUS/ACOEM Practice Guidelines state referral may be appropriate if the practitioner is uncomfortable with the line of inquiry, with treating a particular cause of delayed recovery, or has difficulty obtaining information or agreement to a treatment plan. Official Disability Guidelines state evaluation and management outpatient visits to the offices of medical doctors play a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged. The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgement. As per the clinical notes submitted, there is no documentation of a lumbar puncture procedure performed on this patient. There is also no indication of postdural puncture headaches. The medical necessity for the requested procedure has not been established. As such, the request is non-certified.

Cognitive rehab therapy x 12 visits: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines; Journal of Anesthesiology 2001 August; 95 (2):334-9 "Effectiveness of Epidural Blood Patch in the Management of Post-dura Puncture Headache"

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23.

Decision rationale: California MTUS Guidelines state behavioral therapy is recommended. California MTUS Guidelines utilize ODG Cognitive Behavioral Therapy Guidelines for chronic pain, which allow for an initial trial of 3 to 4 psychotherapy visits over 2 weeks. As per the clinical notes submitted, the patient does report symptoms of depression. However, the current request for 12 sessions of cognitive behavioral therapy exceeds guideline recommendations. Therefore, the request is non-certified.

Electrodiagnostic study right wrist: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines; Journal of Anesthesiology 2001 August; 95 (2):334-9 "Effectiveness of Epidural Blood Patch in the Management of Post-dura Puncture Headache"

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-269. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist & Hand Chapter, Electrodiagnostic studies

Decision rationale: