

Case Number:	CM14-0201597		
Date Assigned:	12/11/2014	Date of Injury:	08/18/1999
Decision Date:	02/04/2015	UR Denial Date:	11/06/2014
Priority:	Standard	Application Received:	12/02/2014

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. The expert reviewer is Board Certified in Physical Medicine Rehab, has a subspecialty in Pain Medicine, Spinal Cord Medicine and is licensed to practice in Massachusetts. 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/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 claimant has a remote history of a work injury occurring on 08/18/99 when she was struck by a metal pipe on her jaw. Treatments have included an occipital nerve stimulator. She was seen by the requesting provider on 07/14/14. Revision of the stimulator had been approved. She was having difficulty with activities of daily living and difficulty sleeping. She reported problems with seeing, smelling, carrying, writing, typing, speaking, tasting, and with feeling. Medications included Opana. She was having increased dental and temporomandibular joint pain. Her examination is referenced as unchanged. Diagnoses included occipital neuralgia, bilateral temporomandibular joint pain, cognitive impairment, emotional distress, sleep problems, and probable cervical radiculopathy. Revision of the occipital stimulator was scheduled. The note references a need for preoperative clearance including x-rays of the head, neck, and chest to evaluate the stimulator. CT scans of the brain and abdomen had been requested. An internal medicine consultation for evaluation of gallstones is referenced. Cyclobenzaprine 5 mg and omeprazole 20 mg were prescribed. She was to continue pool therapy. She was continued at temporary total disability. On 10/23/14 authorization for a cognitive study, pool therapy, consultation with an oral surgeon, a Functional Capacity Evaluation, massage therapy, dental follow-up, a CPAP machine, and GI consult were requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chest x-ray: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM-
<http://www.acoempracquides.org/cervical> and thoracic spine: Table 2 Summary of Recommendations, Cervical and Thoracic Disorders and on the Official Disability Guidelines; Work Loss Data Institute, LLC; Corpus Christi, TX; www.odg-twc.com; Section: Neck and Upper Back

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 6: page 52

Decision rationale: The claimant is more than 15 years status post work-related injury with treatments including an occipital nerve stimulator. Revision surgery has been authorized. Guidelines recommend that consideration of diagnostic testing be defined by the clinical entity and body part being investigated. In this case, the requested x-ray is intended to assess the claimant's occipital nerve stimulator prior to plan revision surgery. It is therefore medically necessary.

CT scan of the head without dye: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM-
<http://www.acoempracquides.org/cervical> and thoracic spine: Table 2 Summary of Recommendations, Cervical and Thoracic Disorders and on the Official Disability Guidelines; Work Loss Data Institute, LLC; Corpus Christi, TX; www.odg-twc.com; Section: Neck and Upper Back

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head (trauma, headaches, etc., not including stress & mental disorders), CT (computed tomography)

Decision rationale: The claimant is more than 15 years status post work-related injury with treatments including an occipital nerve stimulator. She has multiple neurological symptoms without new injury. Applicable criteria for obtaining a CT scan of the brain include screening for late pathology. A CT scan is generally accepted when there is a change in clinical condition, including development of new neurological symptoms. An MRI scan is generally recommended as opposed to CT once the initial acute stage has passed. In this case, the claimant has unexplained neurological symptoms with a remote history of head trauma. Although an MRI scan would be the preferred study, she has an occipital nerve stimulator which would be a relative contraindication to obtaining an MRI scan. Therefore, the requested CT scan is medically necessary.

X-ray exam of the cervical spine: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM-
<http://www.acoempracquides.org/cervical> and thoracic spine: Table 2 Summary of Recommendations, Cervical and Thoracic Disorders and on the Official Disability Guidelines; Work Loss Data Institute, LLC; Corpus Christi, TX; www.odg-twc.com; Section: Neck and Upper Back

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 6: page 52

Decision rationale: The claimant is more than 15 years status post work-related injury with treatments including an occipital nerve stimulator. Revision surgery has been authorized. Guidelines recommend that consideration of diagnostic testing be defined by the clinical entity and body part being investigated. In this case, the requested x-ray is intended to assess the claimant's occipital nerve stimulator prior to plan revision surgery. It is therefore medically necessary.