

Case Number:	CM14-0213996		
Date Assigned:	01/13/2015	Date of Injury:	09/17/2013
Decision Date:	03/03/2015	UR Denial Date:	12/03/2014
Priority:	Standard	Application Received:	12/22/2014

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. 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, Ohio, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic myofascial pain syndrome, headaches, anxiety, depression, and insomnia reportedly associated with an industrial injury of September 17, 2013. In a Utilization Review Report dated December 3, 2014, the claims administrator failed to approve unspecified psychiatric treatment, occipital nerve blocks, trigger point injections, and Ambien. The claims administrator referenced progress notes of October, August, June, and November 2014, in its determination. The applicant's attorney subsequently appealed. In an April 3, 2014 progress note, the applicant reported persistent complaints of headaches, neck pain, and shoulder pain. The applicant was returned to regular duty work. MRI imaging of the cervical spine was sought. The applicant did have complaints of neck pain radiating to the right arm. In a November 20, 2014 progress note, the applicant reported persistent complaints of headaches, neck pain, shoulder pain, knee pain, emotional lability, depression. Tenderness was noted about the occipital nerve areas. The applicant had undergone a knee steroid injection. The attending provider stated that he was seeking authorization for psychiatric treatment, occipital nerve blocks, trigger points injections, and Ambien. The applicant was asked to remain off of work, on total temporary disability. Facial scarring was evident. On November 10, 2014, the applicant reported persistent complaints of neck pain radiating to the right arm. The attending provider sought authorization for two consecutive epidural steroid injections on this date while keeping the applicant off of work, on total temporary disability. A shoulder corticosteroid injection was also sought. On October 9,

2014, the attending provider suggested that applicant obtain occipital nerve blocks and trigger point injection therapy while remaining off of work, on total temporary disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychiatric co-treatment: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 405.

Decision rationale: As noted in the MTUS Guideline in ACOEM Chapter 15, page 405, the frequency of psychiatric follow-up visit should be determined by the severity of an applicant's symptoms, whether or not the applicant was referred for further testing and/or psychotherapy and/or whether or not the applicant was missing work. Here, the request seemingly represented a request for open-ended psychiatric treatment with no proviso to reevaluate the applicant in the midst of treatment so as to determine the severity of symptoms before moving forward with unspecified psychiatric treatments, including psychotherapy. Therefore, the request, thus, as written, is at odds with ACOEM principles and parameters. Therefore, the request is not medically necessary.

Occipital nerve blocks: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Third Edition, Chronic Pain Chapter, Local Anesthetic Injections

Decision rationale: The MTUS does not address the topic. However, the Third Edition ACOEM Guidelines note that local anesthetic injection such as the occipital nerve blocks at issue may be helpful in differentiating between pains associated with migraines versus pain associated with a static position. Here, the applicant has a multitude of pain complaints and pain generators, including suspected cervical radicular pain, myofascial pain, and/or occipital neuralgia. Moving forward with set of trial diagnostic occipital nerve blocks, thus, may be helpful in determining the source of the applicant's ongoing pain complaints. Therefore, the request was medically necessary.

Trigger point injections: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point Injections Page(s): 122.

Decision rationale: As noted on page 122 of the MTUS Chronic Pain Medical Treatment Guidelines, trigger point injections are not recommended in the treatment of radicular pain. Here, the applicant's primary pain generator was/is in fact radicular pain. The applicant reported ongoing complaints of neck pain radiating to the right arm on multiple office visits, referenced above. Trigger point injections, thus, were/are not indicated in the clinical context present here. Therefore, the request was not medically necessary.

Ambien 10mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Food and Drug Administration (FDA), Ambien Medication Guide

Decision rationale: While the MTUS does not specifically address the topic of Ambien usage, pages 7 and 8 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that an attending provider using a drug for non-FDA labeled purposes has the responsibility to be well informed regarding usage of the same and should, furthermore, furnish compelling evidence to support such usage. Here, the Food and Drug Administration (FDA) notes that Ambien is indicated in short-term treatment of insomnia, for up to 35 days. Here, the request for 60-day supply of Ambien, thus, represents treatment in excess of FDA parameters. The attending provider did not furnish any compelling applicant-specific rationale or medical evidence, which would support such usage. Therefore, the request was not medically necessary.