

Case Number:	CM15-0013436		
Date Assigned:	02/02/2015	Date of Injury:	08/08/2013
Decision Date:	03/23/2015	UR Denial Date:	01/08/2015
Priority:	Standard	Application Received:	01/23/2015

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, 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 injured worker is a female, who sustained an industrial injury on 08/08/2013. On physician's progress report dated 10/13/2014 the injured worker has reported neck pain, and low back pain. On examination she was noted to have a decrease in range of motion of lumbar and cervical spine, tenderness to palpation of cervical and lumbar paravertebral muscles. The diagnoses have included cervical myospasm, cervical pain, cervical sprain/strain, rule out cervical disc protrusion, lumbar disc protrusion, lumbar myospasm, lumbar radiculopathy and lumbar sprain/strain. Treatment to date has included chiropractic therapy, physical therapy and pain management consult. On 01/08/2015 Utilization Review non-certified Physical Therapy twice a weekly lumbar spine and bilateral occipital nerve injections. The CA MTUS, ACOEM, Chronic Pain Medical Treatment Guidelines, and ODG were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral Occipital Nerve Injections per 12/29/14 PR2 quantity 2.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Neck & Upper back (updated 11/18/14)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM V.3 > Chronic Pain > Diagnostic / Treatment Considerations > Diagnostic Testing > Local Anesthetic Injections: Greater occipital nerve blocks are occasionally used to attempt to determine whether a complaint of headache is due to static neck position versus migraine.

Decision rationale: FILE NUMBER: CM15-0013436CLINICAL SUMMARY: The applicant is a represented [REDACTED] [REDACTED] employee who has filed a claim for chronic pain syndrome reportedly associated with an industrial injury of August 8, 2013. In a Utilization Review Report dated January 8, 2015, the claims administrator partially approved a request for chiropractic manipulative therapy while denying physical therapy and occipital nerve blocks. A December 29, 2014 progress note was referenced in the determination. The applicant's attorney subsequently appealed. On September 29, 2014, the applicant reported ongoing complaints of neck pain, 7/10 with derivative complaints of depression, anxiety, and irritability. Physical therapy, acupuncture, a TENS-EMS device, a psychiatry consultation, and an internal medicine consultation were endorsed while the applicant was kept off of work, on total temporary disability. On August 26, 2014, additional physical therapy and manipulative therapy were endorsed, along with pain management consultation and an orthopedic spine surgery consultation. In a September 11, 2014 medical-legal evaluation, it was acknowledged that the applicant was alleging multifocal pain complaints secondary to cumulative trauma at work. The applicant did have issues with severe obesity, it was acknowledged. Neck, low back, hip, and knee pain were noted. It was stated that the applicant was working regular duty. Somewhat incongruously, the applicant was placed off of work, on total temporary disability, on a progress note of October 13, 2014. A functional capacity testing, physical therapy, and a pain management consultation were endorsed. The remainder of the file was surveyed, including the claims administrator's medical evidence log. The December 29, 2014 office visit on which the articles in question were sought was not incorporated into the Independent Medical Review packet. REFERRAL QUESTIONS: 1. No, the request for bilateral occipital nerve blocks was not medically necessary, medically appropriate, or indicated here. The MTUS does not address the topic. While the Third Edition ACOEM Guidelines does espouse a role for occipital nerve blocks in the diagnosis of chronic pain and to differentiate whether headaches are a function of static posture versus migrainous in nature, in this case, however, it was not clearly stated what was sought. It was not clearly stated what was suspected. The December 29, 2014 progress note at issue was not incorporated into the Independent Medical Review packet. It was not stated whether the request at hand was a first-time request for occipital nerve blocks or a repeat request for occipital nerve blocks. It was not stated whether the injection was intended for diagnostic purposes or for therapeutic effect. Therefore, the request was not medically necessary.

Physical Therapy twice a weekly for 4 weeks, lumbar spine, per 12/29/14 PR2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management Page(s): Chronic Pain Medical Treatme.

Decision rationale: 2. Similarly, the request for eight sessions of physical therapy was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 8 of the MTUS Chronic Pain Medical Treatment Guidelines, demonstration of functional improvement is necessary at various milestones in the treatment program in order to justify continued treatment. Here, the applicant was/is off of work, on total temporary disability, several historical progress notes, referenced above, suggested. No clear goals for further physical therapy were outlined. The fact that the applicant remained off of work, on total temporary disability, suggested a lack of functional improvement as defined in MTUS 9792.20f despite completion of earlier physical therapy in unspecified amounts over the course of the claim. The December 29, 2014 office visit on which the article in question was sought was not, it is further noted, incorporated into the Independent Medical Review packet so as to augment the request. Therefore, the request was not medically necessary.