

<b>Case Number:</b>	CM15-0179681		
<b>Date Assigned:</b>	09/21/2015	<b>Date of Injury:</b>	11/06/2008
<b>Decision Date:</b>	11/10/2015	<b>UR Denial Date:</b>	08/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/11/2015

### 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, New York, 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 56-year-old who has filed a claim for chronic pain syndrome, headaches, and major depressive disorder (MDD) reportedly associated with an industrial injury of November 6, 2008. In a Utilization Review report dated August 24, 2015, the claims administrator failed to approve requests for a blood patch following a CT myelogram. The claims administrator referenced an RFA form received on August 19, 2015 in its determination. An August 18, 2015 office visit was also cited in the determination. The claims administrator did seemingly approve a CT myelogram of the lumbar spine. Non-MTUS ODG Guidelines were invoked, despite the fact that the MTUS addressed the topic. The claims administrator incidentally noted that the applicant was using marijuana. The claims administrator seemingly denied the request on the grounds that the attending provider had failed to furnish a timeline for usage of the patch. The applicant's attorney subsequently appealed. On June 24, 2015, the applicant reported ongoing complaints of leg pain, headaches, and depression. OxyContin, oxycodone, Valium, Benadryl, mupirocin ointment, and Marinol were endorsed. The applicant's work status was not explicitly detailed, although it did not appear that the applicant was working. The applicant was status post a knee arthroplasty implant, it was reported. On April 13, 2015, a medical-legal evaluator reported that the applicant was off of work, on total temporary disability. On July 24, 2015, it was stated that the applicant had not been thoroughly worked up for possible cerebrospinal fluid leaks. A CT myelogram was sought to delineate the presence or absence of the same. An epidural blood patch was endorsed for use after the CT myelogram.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Blood Patch for Lower Leg Post CT Myelogram: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation [http://www.medscape.com/viewarticle/405624\\_6](http://www.medscape.com/viewarticle/405624_6). Neurosurgical Focus Spontaneous Spinal Cerebrospinal Fluid Leaks: A Review, Cedars-Sinai Neurosurgical Institute, Los Angeles, and Department of Neurosurgery, University of California, Irvine, California Neurosurg Focus. 2000; 9 (1). It has been our experience that the directed epidural blood patch is more successful than the lumbar epidural blood patch, particularly in providing long-term relief.

**Decision rationale:** Yes, the request for a blood patch to be performed in conjunction with the previously approved CT myelogram was medically necessary, medically appropriate, and indicated here. The MTUS does not address the topic. However, Medscape's review article entitled Spontaneous Spinal Cerebrospinal Fluid Leaks notes that an epidural blood patch can provide long-term relief by forming a dural tamponade that permanently seals the CSF leak. Medscape further notes that a directed epidural blood patch as was proposed here in the form of the CT myelography directed blood patch is more successful than a lumbar epidural blood patch in providing long-term relief. Here, thus, the blood patch was indicated in conjunction with the planned CT myelogram, particularly if said CT myelogram did in fact uncover a cerebrospinal fluid leak. Therefore, the request was medically necessary.