

Case Number:	CM15-0068497		
Date Assigned:	04/16/2015	Date of Injury:	03/27/2014
Decision Date:	05/19/2015	UR Denial Date:	03/12/2015
Priority:	Standard	Application Received:	04/10/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 47 year old male who sustained an industrial injury on 3/27/14. The injured worker reported symptoms in the back of the head. The injured worker was diagnosed as having a closed head injury with concussion, labyrinthine concussion and injury, cervical strain, muscle contraction and vascular headaches and depression and cognitive impairment. Treatments to date have included physical therapy, anti-anxiety medication, and tricyclic antidepressant. Currently, the injured worker complains of headaches. The plan of care was for bilateral suboccipital injections, physical therapy and a follow up appointment at a later date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral suboccipital injections: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Head chapter, Greater occipital nerve block (GONB).

Decision rationale: The patient presents with headaches and neck pain rated at 7/10. The request is for bilateral suboccipital injections. The request for authorization is not provided. On physical examination, he has normal strength, sensation, and reflexes in the upper and lower extremities. He has had a total of 12 physical therapy visits, and sessions were helpful in improving his neck range of motion, decreasing headaches and improving pain. The patient uses a TENS unit once or twice a day and gets 40% relief from the stiffness in his neck. Patient's medications include BuSpar, Buspirone and Nortriptyline. Per progress report dated, 03/16/15, the patient is temporarily totally disabled. ODG Guidelines, Head chapter, Greater occipital nerve block (GONB) states: "Under study for treatment of occipital neuralgia and cervicogenic headaches. There is little evidence that the block provides sustained relief, and if employed, is best used with concomitant therapy modulations." Per progress report dated, 03/06/15, treater's reason for the request is "He admits to continued pain at the back of his head consistent with an occipital neuralgia." However, Bilateral Suboccipital Injections is under study per ODG and is not supported by guidelines. Therefore, the request IS NOT medically necessary.

Physical therapy x10 sessions for the cervical spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines ACOEM Pain and suffering and the restoration of function chapter page 114.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99.

Decision rationale: The patient presents with headaches and neck pain rated at 7/10. The request is for physical therapy x10 sessions for the cervical spine. The request for authorization is not provided. On physical examination, he has normal strength, sensation, and reflexes in the upper and lower extremities. He has had a total of 12 physical therapy visits, and sessions were helpful in improving his neck range of motion, decreasing headaches and improving pain. The patient uses a TENS unit once or twice a day and gets 40% relief from the stiffness in his neck. Patient's medications include BuSpar, Buspirone and Nortriptyline. Per progress report dated, 03/16/15, the patient is temporarily totally disabled. MTUS Chronic Pain Management Guidelines, pages 98,99 has the following: "Physical Medicine: recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." MTUS guidelines pages 98, 99 states that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended." Per progress report dated, 03/16/15, treater's reason for the request is "This patient admits to continued neck pain, stiffness, and spasm." Given the patient's condition, a short course of physical therapy would be indicated. However, the treater does not discuss any flare-ups, explain why on-going therapy is needed, or reason the patient is unable to transition into a home exercise program. Additionally, per progress report dated, 03/06/15, treater states, "He has had a total of 12 physical therapy visits." The request for additional 10 sessions of physical therapy would exceeds what is recommended by MTUS for non-post-op conditions. Therefore, the request IS NOT medically necessary.

