MAXIMUS Federal Services

Case Number:	CM15-0076030		
Date Assigned:	05/29/2015	Date of Injury:	04/13/1993
Decision Date:	06/26/2015	UR Denial Date:	04/14/2015
Priority:	Standard	Application Received:	04/21/2015

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: North Carolina
Certification(s)/Specialty: Family Practice

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 57 old female, who sustained an industrial injury on 4/13/93. She has reported initial complaints of injury to neck area with complaints of something popping in her neck at work. The diagnoses have included cervical disc displacement, fibromyalgia, cervical radiculitis, degeneration of the cervical intervertebral disc, post-laminectomy syndrome of the cervical region and headache. Treatment to date has included medications, diagnostics, activity modifications, surgery, physical therapy, consultations and home exercise program (HEP). Currently, as per the physician progress note dated 3/24/15, the injured worker complains of chronic cervical neck pain described as a gripping sensation with a heavy pressure that radiates to the lower spine. She states that the neck pain causes frontal headaches with mild noise/smell/nausea and photo sensitivity. She reports that the neck pain radiates to the bilateral upper extremities. She also reports numbness, tingling, weakness, heaviness, hand edema, decreased grasping reflex, and decreased hand manipulation. She reports having a cervical epidural steroid injection (ESI) on 1/13/13 with 50- 60 percent relief of pain and the headaches were reduced. Current pain rating is 7-8/10 on pain scale with no changes since the previous visit. The objective findings reveal asymmetry of the neck and shoulders with tilting of the head and neck to the left. There is tenderness of the left trapezius on axial compression of the cervical spine. There is restricted range of motion of the cervical spine and sensation to light touch is diminished in the upper extremities. The current medications included Prilosec, Lyrica, and Fentanyl patches, Neurontin, Valium, Cyclobenzaprine, Maxalt-MLT and Colace. There were no

recent diagnostic reports noted in the records. The physician requested treatments included 1 U/S Guided Greater Occipital Nerve Block and 1 Magnetic Resonance Imaging (MRI) of the Brain.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 U/S Guided Greater Occipital Nerve Block: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, (GONB) Greater Occipital nerve blocks.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Occipital nerve block.

Decision rationale: The California MTUS and the ACOEM do not specifically address the requested service. The ODG states that occipital nerve blocks are under study in the treatment of primary headache due to conflicting results of efficacy and short term-duration of results. Therefore the request is not medically necessary.

1 MRI Of the Brain: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head MRI.

Decision rationale: The California MTUS and the ACOEM do not specifically address the requested service. The ODG states head MRI is indicated. To determine neurologic deficits not explained by CT. To evaluate prolonged intervals of disturbance in levels of consciousness. To define evidence of acute changes on previous trauma or disease. These criteria have not been met in the provided clinical documentation and therefore the request is not medically necessary.