

Case Number:	CM15-0079998		
Date Assigned:	05/01/2015	Date of Injury:	11/22/2013
Decision Date:	06/02/2015	UR Denial Date:	03/23/2015
Priority:	Standard	Application Received:	04/27/2015

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, Florida
 Certification(s)/Specialty: Anesthesiology, Pain Management

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 41 year old female, who sustained an industrial injury on November 22, 2013. The injured worker reported head injury. The injured worker was diagnosed as having chronic headache, depression, anxiety, insomnia, post traumatic stress disorder (PTSD), concussion, occipital neuralgia and myofascial pain with trigger points. A progress note dated February 23, 2015 showed that the injured worker complained also of frequent headaches. She rates them as constant with a severity of 8/10 on a 0 to 10 scale. Physical exam notes cervical guarding and grimacing with movement, slow stiff movement of head and neck and severe tenderness over the right occipital groove. The plan includes head impulse testing and right stellate ganglion block. The right stellate ganglion block was requested to treat PTSD and anxiety.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diagnostic test head impulse testing: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Mental illness and stress.

Decision rationale: The CA MTUS and the ODG guidelines did not specifically address diagnostic impulse nerve testing as a specialized test for the evaluation of neurological and head condition. The records indicate that the patient was diagnosed with PTSD, nystagmus and chronic headache. The utilization of nerve testing can be incorporated into a complete neurological physical examination in the evaluation of head conditions. The criteria for diagnostic test of head impulse testing was not met. Therefore the request is not medically necessary.

Injection block for right stellate ganglion: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Stellate Ganglion Block Page(s): 108.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Head and Neck Mental illness and Stress.

Decision rationale: The CA MTUS and the OD guidelines recommend that interventional pain procedures can be utilized for the treatment of musculoskeletal pain when conservative treatments with medication and PT have failed. The guidelines recommend that stellate ganglion blocks can be utilized for the diagnosis and treatment of sympathetic mediated pain and CRPS of the upper extremities. The records indicate that the provider requested the sympathetic stellate ganglion block for the treatment of PTSD and anxiety. The guidelines recommend that anticonvulsant and antidepressant medications be utilized for the treatment of psychosomatic disorders associated with chronic pain syndrome. The records did not show that the patient failed conservative management with medications. The criteria for the right stellate ganglion block was not met. Therefore the request is not medically necessary.