
Notice of Independent Medical Review Determination

Dated: 10/8/2013

[REDACTED]

[REDACTED]

[REDACTED]

Employee: [REDACTED]
Claim Number: [REDACTED]
Date of UR Decision: 7/3/2013
Date of Injury: 5/20/2011
IMR Application Received: 7/18/2013
MAXIMUS Case Number: CM13-0002167

- 1) MAXIMUS Federal Services, Inc. has determined the request for physical therapy to the cervical spine **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for acupuncture to the cervical spine **is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for Botox injections **are not medically necessary and appropriate.**
- 4) MAXIMUS Federal Services, Inc. has determined the request for bilateral cervical facet injections at the C2/3, C3/4 region times two (2) **are not medically necessary and appropriate.**
- 5) MAXIMUS Federal Services, Inc. has determined the request for occipital nerve blocks times two (2) **are not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/18/2013 disputing the Utilization Review Denial dated 7/3/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/23/2013. A decision has been made for each of the treatment and/or services that were in dispute:

- 1) MAXIMUS Federal Services, Inc. has determined the request for physical therapy to the cervical spine **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for acupuncture to the cervical spine **is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for Botox injections **are not medically necessary and appropriate.**
- 4) MAXIMUS Federal Services, Inc. has determined the request for bilateral cervical facet injections at the C2/3, C3/4 region times two (2) **are not medically necessary and appropriate.**
- 5) MAXIMUS Federal Services, Inc. has determined the request for occipital nerve blocks times two (2) **are not medically necessary and appropriate.**

Medical Qualifications of the Expert Reviewer:

The independent Medical Doctor who made the decision has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine & Rehabilitation with a subspecialty in Chiropractic and Acupuncture, and is licensed to practice in California. 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 treatments and/or services at issue.

Case Summary:

Disclaimer: The following case summary was taken directly from the utilization review denial/modification dated July 3, 2013:

“According to the medical records, the patient is a 55 year old male who sustained an industrial injury on May 20, 2011. The patient was injured when checking for oil leaks on the bus and the hood of the bus fell on his head. He fell to the ground at that time and sustained an 8-cm laceration. Diagnoses include traumatic injury to the skull with residual neurologic pain syndrome, cervicogenic headache, occipital neuralgia, degenerative changes in the cervical spine, and status post ACDF C4-5 and C5-6 performed on March 08, 2012. The patient also reports multifactorial sleep impairment. The patient has received 24 sessions of PT following ACDF”

Documents Reviewed for Determination:

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- Application for Independent Medical Review (received 07/18/2013)
- Utilization Review Determination from [REDACTED] (dated 07/03/2013)
- Medical Records from the claims administrator
- Medical records from Employee Representative (dated 7/15/2013)
- Medical Treatment Utilization Schedule (MTUS)

1) Regarding the request for physical therapy to the cervical spine :

Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines (2009), Physical Medicine, (no page cited), part of the Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer found the Postsurgical Treatment Guidelines (2009), Neck and Upper Back section, part of the MTUS and the MTUS section 9792.24.3(B), page 12, applicable and relevant to the issue at dispute.

Rationale for the Decision:

The employee sustained an industrial injury on 5/20/11. The medical records submitted and reviewed indicate diagnoses include: traumatic injury to the skull with residual neuralgic pain syndrome, occipital neuralgia, cervicogenic headache, degenerative changes in the cervical spine, status post anterior fusion C4-5, C5-6 on 3/08/12, and multifactorial sleep impairment. Prior treatment has included medications and physical therapy. The submitted medical records note headaches. A request has been submitted for physical therapy to the cervical spine.

MTUS Post-surgical guidelines recommend 24 visits over 16 weeks for a period of six months for post-surgical treatment. However, the guidelines note that post-surgical treatment should be discontinued in cases where no functional improvement is demonstrated. The submitted medical records note that the employee had 24 physical therapy sessions following anterior cervical discectomy and fusion. A reviewed medical report dated 6/19/13 notes a history of prior physical therapy to the neck and head, without significant relief, and worsening of neck and bilateral arm pain. The request is not in accordance with guideline recommendations. The request for physical therapy to the cervical spine **is not medically necessary and appropriate.**

2) Regarding the request for acupuncture to the cervical spine :

Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:

The Claims Administrator based its decision on the Acupuncture Medical Treatment Guidelines, (2009), part of the Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer found the guidelines used by the Claims Administrator applicable and relevant to the issue at dispute.

Rationale for the Decision:

The employee sustained an industrial injury on 5/20/11. The submitted medical records note headaches. The employee's diagnoses include traumatic injury to the skull with residual neuralgic pain syndrome, occipital neuralgia, cervicogenic headache, degenerative changes in the cervical spine, status post anterior fusion C4-5, C5-6 on 3/08/12, and multifactorial sleep impairment. Prior treatment has included medications and physical therapy. A request has been submitted for acupuncture to cervical spine.

MTUS Acupuncture guidelines recommend 3-6 initial treatments to produce functional improvement. The guidelines are specific regarding frequency and duration of recommended acupuncture treatment. The request is for an unspecified amount of acupuncture treatment for C-spine pain, which cannot be authorized. The requested acupuncture to cervical spine **is not medically necessary and appropriate.**

3) Regarding the request for Botox injections :

Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines (2009), (no section or page cited), part of the Medical Treatment Utilization Schedule (MTUS) and the Official Disability Guidelines (current version), (section and page not cited), a medical treatment guideline not part of the MTUS. The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer found the Chronic Pain Medical Treatment Guidelines (2009), Botulinum toxin (Botox®; Myobloc®), page 25-26, part of the MTUS, applicable and relevant to the issue at dispute.

Rationale for the Decision:

The employee sustained an industrial injury on 5/20/11. The submitted medical records note headaches. The employee's diagnoses include traumatic injury to the skull with residual neuralgic pain syndrome, occipital neuralgia, cervicogenic headache, degenerative changes in the cervical spine, status post anterior fusion C4-5, C5-6 on 3/08/12, and multifactorial sleep impairment. Prior treatment has included medications and physical therapy. A request has been submitted for Botox injections.

MTUS Chronic Pain guidelines do not support Botox injections for chronic pain conditions, tension-type headaches or migraine headache, fibromyositis, myofascial pain syndrome or trigger point injections. The submitted medical records note cervicogenic headaches and occipital neuralgia for which Botox injections are not indicated. The request for Botox injections **is not medically necessary and appropriate.**

4) Regarding the request for bilateral cervical facet injections at the C2/3, C3/4 region times two (2) :

Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:

The Claims Administrator based its decision on the Neck and Upper Back Complaints Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 8), page 174 and 181, part of the Medical Treatment Utilization Schedule (MTUS) and the Official Disability Guidelines (current version), Neck and Upper Back Chapter, Facet joint pain, Signs & symptoms, a medical treatment guideline (MTG) not part of the MTUS. The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer found the Neck and Upper Back Complaints Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 8) page 174, part of the MTUS and the Official Disability Guidelines (current version), Neck Chapter, therapeutic facet block, a MTG not part of the MTUS, applicable and relevant to the issue at dispute.

Rationale for the Decision:

The employee sustained an industrial injury on 5/20/11. The submitted medical records note headaches. The employee's diagnoses include traumatic injury to the skull with residual neuralgic pain syndrome, occipital neuralgia, cervicogenic headache, degenerative changes in the cervical spine, status post anterior fusion C4-5, C5-6 on 3/08/12, and multifactorial sleep impairment. Prior treatment has included medications and physical therapy. A request has been submitted for bilateral cervical facet injections at the C2/3, C3/4 region times two (2).

MTUS ACOEM guidelines only recommend therapeutic facet injections if the patient is a candidate for radio-frequency neurotomy. The medical records reviewed indicate the facet injections were for the treatment of neck pain that could be contributing to headaches, suggesting they are for therapeutic treatment. MTUS ACEOM guidelines do not address therapeutic facet injections; therefore, the Official Disability Guidelines (ODG) were referenced. The ODGs do not recommend the use of therapeutic facet block injections stating there is a lack of high quality studies to support their use. The request for bilateral cervical facet injections at the C2/3, C3/4 region times two (2) **is not medically necessary and appropriate.**

5) Regarding the request for occipital nerve blocks times two (2) :

Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:

The Claims Administrator based its decision on the Official Disability Guidelines (ODG), (Current Version), (no chapter or section cited), a medical treatment guideline (MTG) not part of the Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer found no section of the MTUS applicable and relevant to the issue at dispute. The Expert Reviewer found the Official Disability Guidelines

(ODG) (current version), Head Chapter, greater occipital nerve block, applicable and relevant to the issue at dispute.

Rationale for the Decision:

The employee sustained an industrial injury on 5/20/11. The submitted medical records note headaches. The employee's diagnoses include traumatic injury to the skull with residual neuralgic pain syndrome, occipital neuralgia, cervicogenic headache, degenerative changes in the cervical spine, status post anterior fusion C4-5, C5-6 on 3/08/12, and multifactorial sleep impairment. Prior treatment has included medications and physical therapy. A request has been submitted for occipital nerve blocks times two.

The Official Disability Guidelines note that occipital nerve blocks may have some role in differentiating between cervicogenic, migraine and tension-headaches, but are not recommended for prophylactic headache control. The request is for prophylactic headache control and is not in accordance with evidence-based guidelines. The request for occipital nerve blocks times two **is not medically necessary and appropriate.**

Effect of the Decision:

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the final determination of the Administrative Director, Division of Workers' Compensation. With respect to the medical necessity of the treatment in dispute, this determination is binding on all parties.

In accordance with California Labor Code Section 4610.6(h), a determination of the administrative director may be reviewed only if a verified appeal is filed with the appeals board for hearing and served on all interested parties within 30 days of the date of mailing of the determination to the employee or the employer. The determination of the administrative director shall be presumed to be correct and shall be set aside only upon proof by clear and convincing evidence of one or more of the grounds for appeal listed in Labor Code Section 4610.6(h)(1) through (5).

Sincerely;

Richard C. Weiss, MD, MPH, MMM, PMP
Medical Director

cc: Department of Industrial Relations
Division of Workers' Compensation
1515 Clay Street, 18th Floor
Oakland, CA 94612

/srb

Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.