MAXIMUS Federal Services

Case Number:	CM13-0011718		
Date Assigned:	03/07/2014	Date of Injury:	03/28/2008
Decision Date:	06/30/2014	UR Denial Date:	07/29/2013
Priority:	Standard	Application Received:	08/15/2013

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation 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 disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 55 year old female patient with a 3/28/08 date of injury. The patient has chronic neck pain with bilateral upper extremity radiation and low back pain with bilateral lower extremity radiation. The 7/11/13 medical note states that the patient has 8/10 pain without medications and 6/10 pain with medications. Objectively, the patient has limited lumbar range of motion, limited cervical range of motion, decreased left shoulder range of motion and tenderness. The note states that the left shoulder pain has increased and liitation in activity of daily living remained. The pateint has previously been treated with activity modification, medication, therapy, and injections. There is documentation of a previous adverse determination. The 7/29/14 determination stated that while a SSNB seems to meet medical necessity, it represents a duplicate request which was already recommended. The unknown medication management request was non-certified due to the fact that the patient had previously been authorized for a follow up visit, which should include medication management.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 LEFT SUPRA SCAPULAR NERVE BLOCK (SSNB): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter, Nerve Blocks.

Decision rationale: CA MTUS does not address suprascapular nerve blocks. ODG states that suprascapular nerve block is a safe and efficacious treatment for shoulder pain in degenerative disease and/or arthritis. It improves pain, disability, and range of movement at the shoulder compared with placebo. The use of bupivacaine suprascapular nerve blocks was effective in reducing the pain of frozen shoulder at one month, but not range of motion. Suprascapular nerve blocks have produced faster and more complete resolution of pain and restoration of range of movement than a series of intra-articular injections. The review of records indicates that the SSNB was previously denied due to the fact that it represented a duplicate request that was already authorized. There is no indication of a response to SSNB or a request for a second injection that would substantiate the request. The request is still not medically necessary.

UNKNOWN MEDICATION MANAGEMENT: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, CHRONIC PAIN

Decision rationale: This request is not substantiated by the medical records. The request is for unknown medication management. This is unclear and requires clarification as to what service exactly is being requested. While CA MTUS does not provide specific guideline criteria, ODG states that evaluation and management (E&M) outpatient visits to the offices of medical doctor(s) play a critical role in the proper diagnosis and return to function of an injured worker, to monitor the patient's progress, and make any necessary modifications to the treatment plan. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self care as soon as clinically feasible. The patient has been previously authorized for follow up visits, which should include medication management services. The request is not medically necessary.