

Case Number:	CM14-0011893		
Date Assigned:	05/30/2014	Date of Injury:	07/28/2009
Decision Date:	08/04/2014	UR Denial Date:	01/20/2014
Priority:	Standard	Application Received:	01/29/2014

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:

The underlying date of injury in this case is 07/28/2009. On 10/29/2013, the patient was seen in initial orthopedic evaluation. At that time the patient was noted to have a right shoulder impingement syndrome with cervical and lumbar radiculitis and bilateral knee internal derangement. The treating physician requested authorization for right shoulder arthroscopy. The medical records available at this time do not contain any details regarding the current request for preoperative medical clearance for occipital block injections other than an attorney letter requesting an independent medical review for this reason. An initial physician review of 01/20/2014 discussed a physician progress note of 11/13/2013 which is not available at this time. That report indicated the patient had presented for right shoulder pain and neck pain radiating to both shoulders and with cervical and interscapular tenderness with some muscle spasm. That physician review notes that occipital block injections were not approved due to lack of support for the underlying procedure itself. Therefore, the request for preoperative clearance was not felt to be applicable.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRE-OPERATIVE MEDICAL CLEARANCE FOR OCCIPITAL BLOCK INJECTIONS:
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS, (ODG) Official Disability Guidelines, Low Back Chapter (Acute & Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS American College of Occupational and Environmental Medicine (ACOEM), Chapter 7, page 127.

Decision rationale: The ACOEM Guidelines, consultation, page 127, state that the occupational health practitioner may refer to other specialists if there is a specific clinical question to be evaluated. In this case, a referral for a preoperative medical clearance has been requested in regards to occipital injections. However, the medical records contain very limited information regarding the rationale for the underlying occipital injections, and it is not clear if these injections have been certified. If the underlying injections themselves have not been approved and if there is limited information regarding the specific medical reason for concern about a preoperative clearance, then there is no apparent clinical question at this time which would require consultation. This request is not supported by the guidelines. This request is not medically necessary.