

Case Number:	CM14-0139628		
Date Assigned:	09/05/2014	Date of Injury:	03/03/2011
Decision Date:	10/29/2014	UR Denial Date:	08/20/2014
Priority:	Standard	Application Received:	08/28/2014

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 Texas. 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:

Medical records reflect the claimant is a 41 year old male who sustained a work injury on 3-3-11. Office visit on 8-4-14 notes the claimant has left shoulder pain rated 4/10. The claimant was started on Amitriptyline for sleep, neuropathic pain and headaches but still continues with difficulties. He also has GI effects. He is not active in physical therapy. On exam, the claimant has tenderness to palpation over the left AC joint, range of motion is decreased on the left. Motor testing is 5/5, DTR are 2+. Diagnosis: left shoulder pain status post arthroscopic surgery x 2, supraspinatus tear on MRI, left AC joint arthritis, adhesive capsulitis and cervicogenic headaches.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left 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 (ODG), Neck & Upper Back Chapter (updated 08/04/14)

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

Decision rationale: ODG notes that occipital nerve blocks are under study for use in treatment of primary headaches. Studies on the use of greater occipital nerve block (GONB) for treatment of migraine and cluster headaches show conflicting results, and when positive, have found response limited to a short-term duration. There is an absence in documentation noting that this claimant has failed first line of treatment for his reported headaches. Additionally, there are no extenuating circumstances to support this form of treatment, which is understudy. Therefore, the medical necessity of this request is not established.

Left supraorbital nerve block: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.nih.gov/pubmed/9100402>

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Medscape o supraorbital nerve block

Decision rationale: The supraorbital nerve block is often used to accomplish regional anesthesia of the face because it offers several advantages over local tissue infiltration. A diagnosis have not been objectively established. Additionally, there is an absence in documentation noting that this claimant has failed first line of treatment for his reported headaches. Additionally, there are no extenuating circumstances to support this form of treatment, which is understudy. Therefore, the medical necessity of this request is not established.