

Case Number:	CM14-0198200		
Date Assigned:	12/08/2014	Date of Injury:	06/02/2012
Decision Date:	01/26/2015	UR Denial Date:	10/31/2014
Priority:	Standard	Application Received:	11/25/2014

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 Rehabilitation, has a subspecialty in Interventional Spine 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 patient is status post reversal right TKA on 04/21/14 and presents with pain in bilateral knees, left worse than right and significant low back pain, as per progress report dated 10/21/14. The request is for 1 Heel Sole Lift. The pain has been rated at 5/10, as per physical therapy report dated 11/06/14. ODG Guidelines, 'Low Back - Lumbar & Thoracic (Acute & Chronic)' chapter and topic 'Insole/shoe lifts', states insole/shoe lifts are "Recommended as an option for patients with a significant leg length discrepancy or who stand for prolonged periods of time. Not recommended for prevention." The reports are handwritten and not very legible. The request for a heel lift appears in progress report dated 10/21/14. The treater, however, does not explain the purpose. There is no documentation of leg length discrepancy in the progress report. The patient is not working and may not have the need to stand for prolonged periods of time. This request IS NOT medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral sphenopalatine ganglion injections QTY #12: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Nerve blocks Page(s): 55-56, 67.

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: Aetna Clinical Policy Bulletin: Peripheral Nerve Blocks: Number 0863.

Decision rationale: According to the 09/12/2014 report, this patient presents with "Dental Pain" that is throbbing and continuous. The current request is for Bilateral sphenopalatine ganglion injections QTY #12. Regarding Peripheral Nerve Blocks, MTUS and ODG are silent regarding request for bilateral sphenopalatine injection. However, [REDACTED] Clinical Policy Bulletin: Peripheral Nerve Blocks: Number 0863 states [REDACTED] considers the use of peripheral nerve blocks (continuous or single-injection) medically necessary for the treatment of (i) acute pain, and (ii) for chronic pain only as part of an active component of a comprehensive pain management program. Peripheral nerve blocks as sole treatment for chronic pain is considered experimental and investigational. There is currently insufficient evidence to support the use of peripheral nerve blocks in the treatment of peripheral neuropathy or other indications." There does not appear to be much support for injection of the sphenopalatine nerve. This patient does not present with an acute pain and no clear diagnosis of sphenopalatine neuropathy was found in the records provided. The current request is not medically necessary.

Trigeminal blocks QTY #12: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines trigger point injections Page(s): 122.

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: Aetna Clinical Policy Bulletin: Peripheral Nerve Blocks: Number 0863.

Decision rationale: According to the 09/12/2014 report, this patient presents with "Dental Pain" that is throbbing and continuous. The current request is for Trigeminal blocks QTY #12. Regarding Peripheral Nerve Blocks, MTUS and ODG are silent regarding request for Trigeminal. However, [REDACTED] Clinical Policy Bulletin: Peripheral Nerve Blocks: Number 0863 states [REDACTED] considers the use of peripheral nerve blocks (continuous or single-injection) medically necessary for the treatment of (i) acute pain, and (ii) for chronic pain only as part of an active component of a comprehensive pain management program. Peripheral nerve blocks as sole treatment for chronic pain is considered experimental and investigational. There is currently insufficient evidence to support the use of peripheral nerve blocks in the treatment of peripheral neuropathy or other indications." There does not appear to be much support for injection of the Trigeminal nerve. This patient does not present with an acute pain and no clear diagnosis of Trigeminal neuropathy was found in the records provided. The current request is not medically necessary.