

Case Number:	CM15-0217498		
Date Assigned:	11/09/2015	Date of Injury:	09/24/2009
Decision Date:	12/24/2015	UR Denial Date:	10/15/2015
Priority:	Standard	Application Received:	11/04/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented 40-year-old who has filed a claim for chronic neck and shoulder pain reportedly associated with an industrial injury of December 24, 2009. In a Utilization Review report dated October 15, 2015, the claims administrator failed to approve requests for cervical medial branch blocks, a suprascapular nerve block with ultrasound, and a Toradol-vitamin B12 injection. The suprascapular nerve block with ultrasound was partially approved as a suprascapular nerve block without ultrasound. A September 8, 2015 office visit was referenced in the determination. The applicant's attorney subsequently appealed. On September 8, 2015, the applicant reported ongoing issues with neck pain, shoulder pain, and depression. The applicant had completed a functional restoration program, the treating provider noted. The applicant was still using Norco, Motrin, Desyrel, Imitrex, Aldactone, Oxybutynin, MS Contin, Zestril, Lantus, Hydrochlorothiazide, Hydralazine, Neurontin, Tenormin, Albuterol, Topamax, Zoloft, Prilosec, metformin, Glipizide, Catapres, and aspirin, it was stated in various sections of the note. The applicant was described as permanently disabled, the treating provider reported in the Social History section of the note. Spinal cord stimulator reprogramming, a cervical medial branch block, and a suprascapular nerve block were sought. The applicant was apparently given a Toradol-vitamin B12 injection in the clinic setting. The applicant appeared visibly depressed and was using a cane to move about, the treating provider acknowledged. The treating provider also sought authorization for a cane and continued cognitive behavioral therapy. The treating provider suggested that the applicant consider Botox injections. The treating provider suggested that vitamin B12 was being administered for chronic pain purposes.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left C3 and C4 medial branch 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 and Upper Back (Acute and Chronic): Facet Joint Injections.

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Summary.

Decision rationale: No, the request for a C3-C4 cervical medial branch block was not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 8, Table 8-8, page 181, diagnostic blocks such as the medial branch block at issue are deemed not recommended. Here, the treating provider failed to furnish a clear or compelling rationale for pursuit of this particular procedure in the face of the unfavorable ACOEM position on the same and in the face of the applicant's having multiplicity of pain generators to include mechanical shoulder pain status post earlier failed shoulder surgery, chronic neck pain, chronic generalized pain, and neck pain secondary to cervical disc displacement. Therefore, the request is not medically necessary.

Left suprascapular nerve block with ultrasound: 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), Shoulder (Acute and Chronic): Suprascapular nerve block.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Shoulder Complaints 2004, Section(s): Summary.

Decision rationale: Similarly, the request for a suprascapular nerve block with ultrasound was likewise not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 9, Table 9-6, page 213, prolonged or frequent usage of cortisone injections into the subacromial space or around the shoulder joint are deemed not recommended. The MTUS Guideline in ACOEM Chapter 3, page 48 further notes that injections of corticosteroids or local anesthetics or both should be reserved for applicants who do not improve with more conservative therapies, noting that steroids can weaken tissues and predispose toward injury. Here, the attending provider's suggestion to concurrently pursue medial branch blocks and the suprascapular nerve block, thus, was at odds with both the MTUS Guideline in ACOEM Chapter 3, page 48 and with the MTUS Guideline in ACOEM Chapter 9, Table 9-6, page 213. As with the preceding request, the treating provider failed to establish or uncover a clear compelling pathology emanating from the suprascapular nerve (as opposed to residual mechanical shoulder pain complaints status post earlier shoulder surgery). Therefore, the request is not medically necessary.

Toradol 30mg and B12 1000mcg injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic): Vitamin B.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, specific drug list & adverse effects. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 3rd edition, Chronic Pain, page 927.

Decision rationale: Finally, the request for a Toradol-vitamin B12 injection was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 72 of the MTUS Chronic Pain Medical Treatment Guidelines, oral ketorolac or Toradol is not indicated for minor or chronic painful conditions. By implications/analogy, injectable ketorolac or Toradol is likewise not indicated for minor or chronic painful conditions. Here, there was no mention of the applicant's experiencing any flare in or significant exacerbation of pain complaints on or around the date in question, September 8, 2015. Thus, the injectable Toradol component of the request was not indicated. The MTUS does not address the topic of vitamins. However, the Third Edition ACOEM Guidelines Chronic Pain Chapter notes that vitamins are not recommended in the treatment of any chronic pain condition absent evidence of a nutritional deficiency or nutritional deficit state. Here, there was no evidence to support the proposition that the applicant, in fact, had a bonafide vitamin B12 deficiency. Since both the Toradol and vitamin B12 components of the injection were not indicated, the entire request was not indicated. Therefore, the request is not medically necessary.