

Case Number:	CM15-0170680		
Date Assigned:	09/11/2015	Date of Injury:	12/21/1999
Decision Date:	10/23/2015	UR Denial Date:	07/31/2015
Priority:	Standard	Application Received:	08/31/2015

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: Massachusetts

Certification(s)/Specialty: Anesthesiology, Pain Management

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 injured worker (IW) is a 59 year old female who sustained an industrial injury on 12-21-1999. She reported being struck in the eye by an elasticized cord with resultant retinal detachment, chorioretinal scarring, and pseudophakia. She has chronic right eye pain above, below and behind the eye. The injured worker was diagnosed as having chronic pain syndrome, atypical facial pain and idiopathic peripheral neuropathy. Treatment to date has included a sphenopalatine ganglion nerve block (right) (07-27-2015). In the visit notes of 05-12-2015, the injured worker complains of constant eye pain described as aching, hot-burning, shooting, spasm, stabbing-sharp, throbbing, and tingling-pins and needles rated as a 7 on a scale of 0-10 with the pain being a 9 on a scale of 0-10 at its worst and 4 on a scale of 0-10 at its best. The pain is worse in the day and evening. Active medications include Lexapro and Klonopin. On exam, the cranial nerves 2-12 are grossly intact and all extremities were intact to light touch bilaterally. There was tenderness to palpation in the infraorbital nerve. A request for authorization was submitted on 07/28/2015 for a right sphenopalatine ganglion nerve block. A utilization review decision (07/31/2015) denied the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right sphenopalatine ganglion nerve block: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Head Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Chronic, Sphenopalatine Block.

Decision rationale: According to the ODG, sphenopalatine block is an option for facial pain. It appears, according to the documents available for review the IW previously underwent a block with some, albeit, not durable pain relief. It is reasonable and medically necessary to consider repeating the block for more prolonged benefit. Therefore, at this time, the requirements for treatment have been met and medical necessity has been established.