

Case Number:	CM15-0094847		
Date Assigned:	05/20/2015	Date of Injury:	06/11/1995
Decision Date:	06/22/2015	UR Denial Date:	05/05/2015
Priority:	Standard	Application Received:	05/15/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 is a 55 year old female, who sustained an industrial injury on 6/11/1995. The mechanism of injury is unknown. The injured worker was diagnosed as status post cervical fusion with microdiscectomy on 1/9/2015 and prior shoulder surgery. X ray on 4/27/2015 showed consolidating cervical fusion. Treatment to date has included surgery, physical therapy, spinal cord stimulator, injections and medication management. In a progress note dated 4/27/2015, the injured worker complains of left shoulder pain and headache. Medications include Exalgo ER, Norco, Oxycodone, Senna, Wellbutrin and Zanaflex The treating physician is requesting bilateral greater occipital nerve block and specialist referral evaluation and treatment with orthopedic surgeon for the left shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Injection Bilateral Greater 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) Head Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG- Head chapter and pg 20.

Decision rationale: According to the guidelines, occipital nerve blocks are under study for headaches and there is conflicting information regarding migraines. The claimant had responded to a nerve block in the past. There is no mention of length or interval of benefit. There is no mention of failure of non-invasive options. The quality of the headaches was not provided. The request for an occipital block is not medically necessary.

Specialist Referral Evaluation and Treatment with Orthopedic Surgeon for the Left Shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 2nd Edition, Chapter 7, Independent Medical Examinations and Consultations page 127.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG- pain chapter- office visits and pg 92.

Decision rationale: According to the guidelines, office visits are recommended as medically necessary. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self care as soon as clinically feasible. A specialist referral may be made if the diagnosis is uncertain, extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A consultation is used to aid in diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or examinees' fitness for return to work. In this case, the claimant had a prior shoulder injury. There was no focused exam of the shoulder indicating the actual cause of pain. The claimant did have a prior arthroscopy and a recent CT of the shoulder requested. The results of the CT are not provided to support the need for orthopedics again. There was no indication for need for surgery. The request for an ortho consultation at the time of request is not medically necessary.