

<b>Case Number:</b>	CM13-0011533		
<b>Date Assigned:</b>	03/10/2014	<b>Date of Injury:</b>	11/22/2010
<b>Decision Date:</b>	04/30/2014	<b>UR Denial Date:</b>	07/24/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/15/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a Physician Reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The Physician Reviewer is Board Certified in Physical Medicine & Rehabilitation, 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 Physician 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 a 59 year old female who was injured on 11/22/2010. The mechanism of injury is unknown. Prior treatment history has included the following medications: Neurontin, Prilosec, Ultram and Gabapentin. The patient underwent diagnostic and operative arthroscopy of the right shoulder with mini rotator cuff repair and mini open carpal tunnel release on 05/18/2012. Diagnostic studies reviewed include: MRI of the cervical spine dated 03/25/2012: 1) Mild central stenosis at C5-6. 2) Left neural foraminal stenosis of mild degree at C4-5. 3) Normal cervical spine cord without intrinsic lesion or extrinsic compression. MRI of the lumbar spine dated 03/25/2012: 1) Mild central stenosis at L4-5. 2) Mild to moderate left central stenosis at L5-S1 with left lateral recess stenosis with compression of origin of descending left S1 nerve and left neural foraminal stenosis with borderline compression of exiting left L4 nerve. Progress note dated 10/24/2013 documented the patient to have complaints of persistent and severe disabling shoulder arm pain, despite long trial of conservative treatment, showing activity limitation greater than a month with extreme symptom progression. Diagnoses: 1. Complex regional pain syndrome versus C6 radiculopathy in the right upper extremity with persistent diminution of biceps reflex. Treatment Plan: The plan is for her to undergo the cervical epidural. She should initiate therapy for strengthening of the neck and her right shoulder. She should continue with the medication Gabapentin, Prilosec and Ultram.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**RIGHT SUPRASCAPULAR NERVE BLOCK UNDER FLUOROSCOPY AND FOLLOW UP VISIT IN 1 MONTH: 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), Pain Chapter, Intravenous regional sympathetic blocks (for RSD/CRPS, nerve blocks).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Section Shoulder, Nerve Blocks.

**Decision rationale:** According to the Official Disability Guidelines, suprascapular nerve block is a safe and efficacious treatment for shoulder pain in degenerative disease and/or arthritis. It improves pain, disability, and range of movement at the shoulder compared with placebo. The use of bupivacaine suprascapular nerve blocks was effective in reducing the pain of frozen shoulder at one month, but not ranges of motion. The progress note dated 10/24/2013 documented the employee to have complaints of persistent and severe disabling shoulder arm pain, despite long trial of conservative treatment, showing activity limitation greater than a month with extreme symptom progression. The progress note does not document corroborative physical examination findings. In addition, the medical records do not detail the employee's treatment history substantiating failure to respond to standard noninvasive conservative measures. The medical records do not demonstrate pathology of degenerative disease or arthritis on imaging study. In the absence of corroborative objective clinical findings and review of records substantiating failure to respond to non-invasive measures, the medical necessity of the proposed injection procedure has not been established. The requested suprascapular nerve block is not supported by the evidence-based guidelines, consequently recommendation is to not certify.