

<b>Case Number:</b>	CM14-0105322		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	06/08/2009
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	06/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/08/2014

### 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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 injured worker is a 42-year-old female who reported an injury on 06/08/2009 due to a trip and fall. On 02/21/2014, the injured worker presented with pain in her hip, low back, buttocks, and thigh. There was complaints of neck pain that radiated to the bilateral shoulders to the fingers and low back and restricted range of motion. On examination of the cervical spine, there was tenderness to palpation to the midline cervical spine and bilateral paraspinals and bilateral trapezii. Examination of the right shoulder demonstrated tenderness over the anterior superior lateral and posterior aspects, right trapezius and right rhomboids. There was a positive Neer's and Hawkins test. The diagnoses were right shoulder sprain/strain, cervical spine disc bulge C4-5, C5-6, and C6-7 per MRI records, cervical spine underlying degenerative disc disease, cervical sprain/strain, and cephalgia. Prior treatments included home exercise and medications. The provider recommended a right suprascapular nerve block under fluoroscopy. The provider's rationale was not provided. The Request for Authorization form was not included in the medical documents for review.

### 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:** 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) -TWC Shoulder Procedure Summary last updated 04/25/2014.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 212-214.. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder, Nerve Blocks.

**Decision rationale:** The request for Right Suprascapular Nerve Block under fluoroscopy is not medically necessary. The California MTUS/ACOEM state 2 or 3 subacromial injections of local anesthetic or cortisone preparation over an extended period as part of an exercise rehabilitation program to treat rotator cuff inflammation, impingement syndrome, or small tears is indicated. The Official Disability Guidelines further state that nerve blocks are recommended as indicated for shoulder pain and degenerative disc disease and/or arthritis. It improves pain, disability, and range of movement at the shoulder compared with placebo. Additionally, there is a lack of documentation that the injured worker has failed a trial of conservative treatment, and the efficacy of prior measures of therapy. As such, the request is not medically necessary.