

<b>Case Number:</b>	CM14-0135996		
<b>Date Assigned:</b>	09/03/2014	<b>Date of Injury:</b>	06/12/2012
<b>Decision Date:</b>	09/25/2014	<b>UR Denial Date:</b>	07/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/22/2014

### 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 Physical Medicine and Rehabilitation, has a subspecialty Interventional Spine 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 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 patient is a 51 year old female with an injury date of 06/12/12. Based on 07/08/14 progress report by [REDACTED], patient presents with right shoulder pain. The Provider's report dated 07/08/14 mentions EMG/NCS done on 01/18/13 shows no electrodiagnostic evidence of carpal tunnel syndrome or cervical radiculopathy. MRI of right shoulder dated 12/03/12 shows 1. Full thickness supraspinatus tendon tears with associated reactive subdeltoid and subacromial bursitis. 2. Prior acromioplasty. 3. Degenerative fraying of the superior labrum. QME report dated 05/09/01 from provider's progress report dated 07/08/14 state the following impressions: 1. chronic, moderated right shoulder strain 2. Subacromial impingement syndrome right shoulder with status post arthroscopic decompression, 3. Myofascial pain syndrome, upper back and right shoulder, 4. There is history of transient exacerbation, right shoulder. Physical Exam 07/08/14 shows right shoulder movements are restricted with limited range of motion due to pain. Diagnosis 07/08/14: right shoulder pain and status post right rotator cuff surgery 12/13/13. The provider's report dated 07/08/14 mentions that patient had Peripheral nerve Injection to suprascapular nerve. The patient tolerated procedure well. The injection had a significant effect on pain level. No significant change in the pain level was reported shortly after the injection. The patient was satisfied with the procedure. The provider states again under her Plan: s/p right suprascapular nerve block for continued pain that she tolerated the procedure without complications. [REDACTED] is retrospectively requesting for a Right Suprascapular Nerve Block 07/08/14. The utilization review determination being challenged is dated 07/26/14. The rationale is request dated 07/08/14 had already been certified as a prospective request for right suprascapular nerve block on 06/20/14. The prior request was still valid when the injection was

performed. The current request is a duplicate. Therefore the current request is non-certified. ■■■■■ is the requesting provider, and she provided treatment reports from 01/15/13 - 09/02/14.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Retrospective request for a Right suprascapular nerve block 7/8/2014: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder (Acute& Chronic) Nerve blocks (ODG).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), ODG guidelines. Recommended as indicated below. 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 range of motion. Suprascapular nerve blocks have produced faster and more complete resolution of pain and restoration of range of movement than a series of intra-articular injections. (Dahan, 2000) (Jones, 1999) (Shanahan, 2003) (Shanahan, 2004) According to this systematic review, there was moderate evidence for the effectiveness of suprascapular nerve block compared with acupuncture, placebo, or steroid injections for pain relief. (Tashjian, 2012) The suprascapular nerve block is a reproducible, reliable, and extremely effective treatment method in shoulder pain control. (Fernandes, 2012) Arthroscopy-guided suprascapular nerve block at the end of a rotator cuff repair is safe. (Lee, 2013) Suprascapular nerve block is a safe and effective treatment for patients with hemiplegic shoulder pain. (Adey-Wakeling, 2013) Radiofrequency of suprascapular nerve: Pulsed radiofrequency, or cold radiofrequency, is recommended as an option. Suprascapular nerve block improves pain, range of motion, and disability in acute and chronic shoulder pain. Pain relief usually lasts several hours with just local anesthetic. If steroids are added, the relief lasts several weeks. Since repetitive steroid exposure is associated with several hazards, alternative long-term therapies are desirable. Pulsed radiofrequency is a non-destructive, safe, and repeatable long-term pain control therapy. While suprascapular nerve block may provide only a short-term relief, pulsed radiofrequency has been reported to provide longer relief. (Gofeld, 2013) Continuous radiofrequency lesioning of the SSN seems to be an effective treatment for chronic shoulder pain. (Simopoulos, 2012) Pulsed radiofrequency application to the suprascapular nerve for 480 seconds shows remarkable improvement at patients' chronic shoulder pain. (Luleci, 2011) Other Medical Treatment Guideline or Medical Evidence.

**Decision rationale:** The patient presents with shoulder pain and is status post right shoulder surgery and right suprascapular nerve blocking 07/08/14. The retrospective request is for a Right Suprascapular Nerve Block 07/08/14. The ODG guidelines, Shoulder chapter online for Steroid Injections state Criteria for Steroid injections: With several weeks of temporary, partial resolution of symptoms, and then worsening pain and function, a repeat steroid injection may be an option; the number of injections should be limited to three. The provider's report dated 07/08/14 mentions that patient had Peripheral nerve Injection to suprascapular nerve. The patient

tolerated procedure well. The injection had a significant effect on pain level. The patient was satisfied with the procedure. The utilization review denial letter dated 07/26/14 had already approved previous request, and several weeks have passed since last procedure dated 07/08/14. Retrospective request meets ODG guideline criteria. Such as, the retrospective request for a Right suprascapular nerve block 7/8/2014 is medically necessary.