

Case Number:	CM14-0050093		
Date Assigned:	07/07/2014	Date of Injury:	07/13/2009
Decision Date:	08/06/2014	UR Denial Date:	04/08/2014
Priority:	Standard	Application Received:	04/17/2014

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 & Rehabilitation, has a subspecialty in 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 55 years old female with an injury date on July 13, 2009. The listed diagnoses dated March 11, 2014 includes Lumbar Radiculopathy, Pain, Shoulder and Right Carpal Tunnel Syndrome. According to this report, the patient complains of neck pain that radiates down the upper extremity bilaterally and low back pain that radiates to the left lower extremity. The pain is aggravated by activity and walking. There is tenderness noted in the bilateral paravertebral C4-C7 and L4-S1 area upon palpation. The cervical and lumbar range of motion was limited with pain. Myofascial trigger points are noted in the paraspinal muscles bilaterally. There were no other significant findings noted on this report. The utilization review denied the request on April 8, 2014. Provided treatment reports were from October 22, 2013 to March 11, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left shoulder suprascapular nerve block, as outpatient: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Suprascapular Injections For Shoulder.

Decision rationale: According to the March 11, 2014 report this patient presents with neck pain that radiates down the upper extremity bilaterally and low back pain that radiates to the left lower extremity. The treater is requesting a left shoulder suprascapular nerve block. The ODG guidelines state Suprascapular nerve block is a safe and efficacious treatment for shoulder pain in degenerative disease and/or arthritis. Review of the reports from October 22, 2013 to March 11, 2014 shows no positive exam findings of the left shoulder or indication of the patient having arthritic problems. In this case, the requested left shoulder suprascapular nerve block is not consistent with ODG guidelines. The request is not medically necessary.