

<b>Case Number:</b>	CM14-0056748		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	11/05/2003
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	04/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/25/2014

### 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 and is licensed to practice in Illinois. 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 56-year-old female who reported an injury on 11/05/2003. The mechanism of injury was not provided. On 03/27/2014, the injured worker presented with complaints of right shoulder pain. The diagnoses were complex regional pain syndrome of the right shoulder, right piriformis syndrome, and cervical sprain/strain. Upon examination of the right shoulder there was decreased range of motion and tenderness to palpation to the anterior and posterior shoulder, bursa, and upper trapezius. There was a positive impingement and a positive cross arm test. Prior treatment included botox injections, medications, and moisture and heat therapy. The provider recommended a right inter-scalene block as an out-patient, 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 Interscalene Block as an outpatient:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Shoulder Chapter.

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

**Decision rationale:** The request for a right inter-scalene block as an out-patient is not medically necessary. The Official Disability Guidelines state that an inter-scalene block is recommended when used by experienced practitioners for regional anesthesia of the upper extremity. It has several clinical applications and is reported to have several advantages over general anesthesia for orthopedic surgery. Inter-scalene block is most commonly used block for shoulder surgery. There has been resistance to the use of inter-scalene regional block for arthroscopic shoulder surgery because of concerns about potential complications and failed blocks with a subsequent need for a general anesthesia, but the study concluded that inter-scalene blocks can provide effective anesthesia for arthroscopic surgery with minimal complications. The Official Disability Guidelines do not recommend inter-scalene block as a form of treatment. Clarification will be needed on if the injured worker is having surgery performed that would warrant the use a inter-scalene block. Additionally, the provider's request does not indicate the site of which the inter-scalene block was intended for in the request as submitted. As such, the request is not medically necessary.