

<b>Case Number:</b>	CM14-0085703		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	11/26/2013
<b>Decision Date:</b>	09/17/2014	<b>UR Denial Date:</b>	05/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/09/2014

### 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 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 46-year-old female with date of injury of 11/26/2013. The listed diagnoses per Dr. [REDACTED] dated 05/05/2014 are: right shoulder sprain/strain, impingement with tendinitis; cervical sprain/strain; rib sprain/strain; sleep disorder, depressive disorder, and psych. According to this report, the patient complains of frequent right shoulder pain described as sharp, stabbing, achy, shooting, and swelling with increased lifting, bending, and reaching. She also complains of constant neck pain described as sharp, achy, tight, shooting, and swelling. There is moderate right chest pain described as sharp, achy, tight, and shooting. The objective findings show tenderness upon palpation with limited painful range of motion in the cervical spine, right shoulder. There is decreased sensory noted at C5-C6 on the right. The treating provider references an MRI of the right shoulder that showed moderate impingement, tendinosis, and partial tear of the rotator cuff. EMG and NCV of the bilateral extremities are still pending. The right shoulder has +3 tenderness and edema. The utilization review denied the request on 05/28/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right Shoulder Suprascapular Injection as an outpatient:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Steroid injections Recommended as indicated below, up to three injections. Steroid injections compared to physical therapy seem to have better initial but worse long-term outcomes. Suprascapular nerve block 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).

**Decision rationale:** This patient presents with right shoulder, cervical spine, and rib pain. The treating provider is requesting a right shoulder suprascapular injection. The MTUS and ACOEM Guidelines do not address this request. However, ODG under steroid injections states that steroid injections compared to physical therapy seemed to have better initial but worse long-term outcomes. The criteria for steroid injections include diagnosis of adhesive capsulitis, impingement syndrome, or rotator cuff problems except for posttraumatic impingement of the shoulders; not controlled adequately by recommended conservative treatment; pain interferes with functional activities, etc. ODG guidelines also support suprascapular nerve injections for chronic shoulder conditions. The records show that the patient has tried acupuncture, chiropractic treatments, including medication therapy with no relief from pain. The patient has not tried a right shoulder suprascapular injection in the past. Given the support from ODG guidelines, the right shoulder suprascapular injection is medically necessary.