

Case Number:	CM14-0089899		
Date Assigned:	07/23/2014	Date of Injury:	10/27/2010
Decision Date:	08/28/2014	UR Denial Date:	05/29/2014
Priority:	Standard	Application Received:	06/13/2014

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 Pain Medicine and is licensed to practice in New York and Texas. 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 64 year old male whose date of injury is 10/27/2010. The mechanism of injury is not described. A progress note dated 05/06/14 indicates that there is degenerative disc disease at L2-3, L3-4, L4-5 and L5-S1. The injured worker is noted to be status post hernia surgery and elbow surgery. The injured workers diagnoses are listed as lumbar radiculopathy, left shoulder arthropathy, and left elbow epicondylitis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Suprascapular Nerve Block Injection, Left Shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines-Shoulder Disorders-Nerve Blocks.

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

Decision rationale: Based on the clinical information provided, the request for suprascapular nerve block injection of the left shoulder is not recommended as medically necessary. There is

insufficient clinical information provided to support this request. There is no comprehensive assessment of treatment completed to date or the injured worker's response thereto submitted for review. There is no current, detailed physical examination submitted for review. There is no clear rationale provided to support the requested injection. Therefore, the request is not in accordance with the Official Disability Guidelines, and medical necessity is not established.