

Case Number:	CM14-0094871		
Date Assigned:	07/25/2014	Date of Injury:	05/02/2012
Decision Date:	08/28/2014	UR Denial Date:	06/12/2014
Priority:	Standard	Application Received:	06/23/2014

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 and Pain Management, 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:

This patient is a 58-year-old male with a date of injury of 05/02/2012. Per treating physician's report on 05/08/2014, the patient presents with low back and right shoulder pain with recent pain in the left shoulder as well, described as sharp, throbbing, at an intensity of 8/10. Right shoulder pain increases with any activities. Pain interferes with daily activities, interferes with sleep; has received physical therapy, chiropractic manipulation, and acupuncture with some improvement of symptoms. Right shoulder range of motion, 120 degrees of flexion, 120 degrees abduction; left shoulder, 170/170 flexion and abduction. There was tenderness over the superior border of the trapezius muscle on the right side and tenderness over the AC joint. Diagnostic impressions are lumbar sprain/strain, axial low back pain rule out facet arthropathy, right shoulder pain rule out impingement, MRI findings of labral tear of right shoulder. Recommendation was for ultrasound-guided right shoulder subacromial steroid injection, also a suprascapular nerve block.

IMR ISSUES, DECISIONS AND RATIONALES

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

Steroid/ Anesthetic Injection -Suprascapular Nerve Block: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines- Suprascapular Nerve Block.

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. Suprascapular nerve block.

Decision rationale: This patient presents with persistent right shoulder pain and the treating physician has asked for suprascapular nerve block using steroid and local anesthetic. (ODG) Official Disability Guidelines states that suprascapular nerve block is safe and efficacious treatment of shoulder pain and degenerative disease and/or arthritis. "Suprascapular nerve blocks have produced faster and more complete resolution of pain and restoration of movement than a series of intraarticular injections". It also states that if steroids are added, relief can last several weeks and pulsed radiofrequency is also nondestructive, safe, and repeated for long-term pain control therapy. Given the support from ODG Guidelines for suprascapular nerve blocks, including use of steroid and anesthetic agent, the request is medically necessary and appropriate.