

Case Number:	CM14-0097825		
Date Assigned:	07/25/2014	Date of Injury:	10/12/2007
Decision Date:	08/28/2014	UR Denial Date:	06/18/2014
Priority:	Standard	Application Received:	06/19/2014

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 Pain Medicine, 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 61-year-old male with a 10/12/07 date of injury, when he lifted a very heavy piece of wood, lost his balance, and fell. He sustained injury to the upper extremities. The patient was also involved in several motor vehicle accidents. There are documented comorbidities including sleep apnea, hypertension, GERD, obesity, and psychiatric problems. 12/18/13 progress note described severe pain on the right side of the neck and shoulder, with radiation down the upper back and right arm. It was noted that the patient was authorized for a right supraclavicular nerve block, however the patient again is to have transportation issues. He utilizes medications for pain relief, but had to discontinue Cymbalta secondary to a rash. Current medications include oxycodone. Medication and transportation to the surgery center were requested. 4/9/14 progress note stated that the patient underwent a right supraclavicular nerve block, which was very helpful in alleviating symptoms, with almost complete resolution for approximately 6 weeks. However, the patient had a severe flareup of right shoulder pain, and pain over the right upper trapezius area. He describes constant popping/cracking, 6-7/10 pain levels, and difficulties with ADLs. 5/14/14 Progress note described increased shoulder pain (6-7/10) with a prior very good response to a suprascapular injection. 7/14/14 Progress note described ongoing right shoulder pain with reduced range of motion, spasms, positive impingement testing, and reduced C7 sensation. Treatment to date has included acupuncture, chiropractic treatment, physical therapy, activity modification, right shoulder arthroscopy, and medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Suprascapular Nerve Block under ultrasound guidance: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) TWC - ODG Treatment Integrated Treatment/Disability Duration Guidelines Shoulder (Acute & Chronic) (updated 04/25/14).

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 block;

Decision rationale: Medical necessity for the requested right suprascapular nerve block is established. The patient previously underwent a right suprascapular nerve block, with almost complete resolution of pain for almost 6 weeks. This request previously obtained an adverse determination, as it was unclear if a second injection was performed. ODG states that 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. An updated note described ongoing pain in the right shoulder with functional deficits. Prior certification was dated 5/15/14 and has since lapsed. Due to functional improvement and pain reduction, the request for repeat injection is substantiated and is therefore not medically necessary.