

Case Number:	CM15-0130416		
Date Assigned:	07/16/2015	Date of Injury:	12/18/2010
Decision Date:	08/14/2015	UR Denial Date:	06/12/2015
Priority:	Standard	Application Received:	07/07/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Arizona, California
 Certification(s)/Specialty: Family Practice

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 38 year old female, who sustained an industrial injury on December 18, 2010. She reported an injury to her right shoulder. Treatment to date has included chiropractic therapy, home exercise program, physical therapy, massage therapy and shoulder surgery. Currently, the injured worker complains of right shoulder pain. She reports that the pain is constant and is described as burning, stabbing, sharp, shooting, aching and tight. She reports associated numbness, tingling and stiffness. She rates her pain an 8 on a 10-point scale on average and notes that the pain is aggravated with sitting, leaning forward, standing, walking, lying down, straining, arching backwards and coughing. Her pain is relieved with rest, medications and ice. On physical examination the injured worker has severe pain of the right shoulder-are to light touch. She has tenderness to palpation of the right shoulder and neck and allodynia is present throughout the right upper extremity. She has muscle spasm in the thoracic paraspinal region on the right and a positive Spurling's test on the right. The diagnoses associated with the request include cervical pain, complex regional pain syndrome, right shoulder pain and headache. The treatment plan includes urine drug screen, Gabapentin, Nabumetone, Compound pain cream and a series of three interscalene blocks under ultrasound guidance.

IMR ISSUES, DECISIONS AND RATIONALES

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

3 Interscalene Blocks under Ultrasound Guidance: 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. See also Nerve Blocks.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174.

Decision rationale: According to the guidelines, invasive techniques such as blocks are not recommended due to their short-term benefit. In this case, the claimant is already receiving oral medications, which provide benefit. In addition, there is no indication for ultrasound guidance. The request for ultrasound-guided injections is not medically necessary.