

Case Number:	CM15-0147712		
Date Assigned:	08/10/2015	Date of Injury:	12/14/2010
Decision Date:	09/09/2015	UR Denial Date:	07/24/2015
Priority:	Standard	Application Received:	07/29/2015

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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive Medicine

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 51 year old female, who sustained an industrial injury on December 14, 2010. Treatment to date has included pain medications, scalene block, physical therapy, and left shoulder arthroscopy. A physician's evaluation on June 17, 2015 revealed the injured worker complains of continued left shoulder pain. She rates her pain an 8 on a 10-point scale. On physical examination the injured worker's mood and affect are normal and she is oriented to person, place and time. No physical examination relevant to the injured worker's physical injury was documented. The diagnosis associated with the request is status post left shoulder arthroplasty. The treatment plan includes repeat scalene block. The evaluating physician noted that a previous scalene block had benefited the injured worker.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repeat Scalene Block: 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.

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

Decision rationale: ODG states "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)". ODG further states "Recommended as indicated below. If response to exercise is protracted, anterior scalene block has been reported to be efficacious in the relief of acute thoracic outlet symptoms, and as an adjunct to diagnosis. (Jordan 1998) (Ambrad-Chalela, 2004)". The medical records provided indicate that this patient has had decreased pain with previous scalene blocks, however, the treating physician has not provided documentation of objective functional improvement or decrease in pain medications as a result of the previous injection. The treating physician has not met the above guidelines at this time. As such, the request for Repeat Scalene Block is not medically necessary.