MAXIMUS Federal Services

Case Number:	CM15-0030130		
Date Assigned:	02/23/2015	Date of Injury:	01/26/2013
Decision Date:	04/14/2015	UR Denial Date:	01/20/2015
Priority:	Standard	Application Received:	02/18/2015

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: District of Columbia, Virginia
Certification(s)/Specialty: Internal 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 32-year-old female, who sustained an industrial injury on 1/26/13. The Visit Noted for 2/12/15 noted that the injured worker has complaints of left upper extremity and left shoulder pain that is aching and a stabbing sensation. The diagnoses have included pain in limb; neuralgia, neuritis and radiculitis not otherwise specified; reflex sympathetic dystrophy of upper limb; brachial neuritis or radiculitis not otherwise specified; chronic pain and pain in joint of upper arm. Treatment to date has included injection therapy; using her Transcutaneous Electrical Nerve Stimulation (TENS) unit to good effect and medications. According to the utilization review performed on 1/20/15, the requested Lansoprozole DR 30mg #30; Relafen 500mg #60 and Cymbalta 20mg #30 has been certified. The requested Outpatient Injection Suprascapular Block x2 has been modified to Outpatient Injection Suprascapular Block x1. The requested Outpatient Durable Medical Equipment (DME) Tens Unit purchase and supplies has been non-certified. California Medical Treatment Utilization Schedule (MTUS), Chronic Tractable Pain; Official Disability Guidelines, Chapter Shoulder and American College of Occupational and Environmental Medicine (ACOEM) Guidelines were used in the utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient Injection Suprascapular Block x2: 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) Suprascapular Nerve Block.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation http://www.ncbi.nlm.nih.gov/pubmed/22885426.

Decision rationale: ACOEM and MTUS do not address this intervention. Alternate guidelines were sought. Suprascapular nerve blockade (SSNB) is a simple and safe technique for providing relief from various types of shoulder pain, including rheumatologic disorders, cancer, and trauma pain, and postoperative pain due to shoulder arthroscopy. The suprascapular nerve block is a reproducible, reliable, and extremely effective treatment method in shoulder pain control. This method has been widely used by professionals in clinical practice such as rheumatologists, orthopedists, neurologists, and pain specialists in the treatment of chronic diseases such as irreparable rotator cuff injury, rheumatoid arthritis, stroke sequelae, and adhesive capsulitis, which justifies the present review (Part II). The objective of this study was to describe the techniques and complications of the procedure described in the literature, as the first part reported the clinical indications, drugs, and volumes used in single or multiple procedures. We present in details the accesses used in the procedure: direct and indirect, anterior and posterior, lateral and medial, upper and lower. There are several options to perform suprascapular nerve block. Although rare, complications can occur. When properly indicated, this method should be considered. This patient had chronic shoulder pain issues and multiple medications had been tried without relief of symptoms. This intervention would be indicated.

Outpatient Durable Medical Equipment (DME) Tens Unit purchase and supplies: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792 Page(s): 114-116. Decision based on Non-MTUS Citation ODG-exercise equipment DME, knee and leg.

Decision rationale: Per MTUS: Criteria for the use of TENS: Chronic intractable pain (for the conditions noted above): Documentation of pain of at least three months duration. There is evidence that other appropriate pain modalities have been tried (including medication) and failed. A one-month trial period of the TENS unit should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function; rental would be preferred over purchase during this trial. Other ongoing pain treatment should also be documented during the trial period including medication usage. A treatment plan including the specific short and long-term goals of treatment with the TENS unit should be submitted. A 2-lead unit is generally recommended; if a 4-lead unit is recommended, there must be

documentation of why this is necessary. See Durable medical equipment (DME) The term DME is defined as equipment which: 1. Can withstand repeated use, I.E. could normally be rented and used by successive patients. 2. Is primarily and customarily used to serve a medical purpose. 3. Generally is not used. 4. ul to a person in the absence of illness or injury. 5. Is appropriate for use in a patient's home. Per clinical data reviewed, the patient had ongoing pain issues and had been tried on multiple pain modalities but did not achieve relief. A TENS unit would be appropriate.