

Case Number:	CM14-0128105		
Date Assigned:	08/15/2014	Date of Injury:	06/08/2009
Decision Date:	12/18/2014	UR Denial Date:	07/28/2014
Priority:	Standard	Application Received:	08/12/2014

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, has a subspecialty in Pain Management 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 is a female patient with the date of injury of June 8, 2009. A Utilization Review dated July 28, 2014 recommended non-certification of right suprascapular nerve block and Lidocaine HCL 2%. A Progress Report dated July 25, 2014 identifies Current Complaints of pain in her neck. She complains of migraine headaches. She states constant severe pain is in her neck and radiates into both upper extremities. She feels numbness and tingling. She also feels pain in her bilateral shoulders, bilateral elbows, low back, right hip, right knee, and right foot/ankle. Objective Findings identify tenderness to palpation over the bilateral trapezius and levator scapula. Phalen's sign is positive in the right and left hand/wrist. There is decreased sensation to light touch over the second, third and fourth fingers. Tenderness to palpation over the midline lumbosacral spine, greater on the right. Pain is noted with flexion and extension. Decreased sensation is noted to light touch over the plantar aspect of the right foot. Diagnoses identify cephalgia; cervical strain/sprain; cervical spine underlying degenerative disc disease; cervical spine disc bulging 4-5 (3 mm), C5-6 (2 mm), C6-7 (1-2 mm, per MRI in records); right shoulder strain/sprain; right elbow contusion; right forearm contusion; left upper extremity pain; right wrist carpal tunnel syndrome, moderate, per EMG/NCV 10/14/11; lumbar sprain/strain; lumbar spine with underlying spondylosis; grade I spondylolisthesis, L5-S1 with 4 mm posterior bulge, large 8 mm protrusion, L4-5, extending to right neural foramen per MRI in records; right hip/thigh contusion; right SI joint sprain; and right knee contusion. Treatment Plan identifies suprascapular nerve block under fluoroscopy and Lidocaine Hcl 2% gel.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right suprascapular nerve block: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 blocks

Decision rationale: Regarding the request for right suprascapular nerve block, California MTUS does not address the issue. ODG states suprascapular nerve block is a safe and efficacious treatment for shoulder pain in degenerative disease and/or arthritis. Within the documentation available for review, there is no indication of degenerative disease and/or arthritis. In the absence of such documentation, the currently requested right suprascapular nerve block is not medically necessary.

Lidocaine HCL 2%: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 112 of 127.

Decision rationale: Regarding request for topical lidocaine, Chronic Pain Medical Treatment Guidelines recommend the use of topical lidocaine for localized peripheral pain after there has been evidence of a trial of the 1st line therapy such as tri-cyclic antidepressants, SNRIs, or antiepileptic drugs. Guidelines go on to state that no commercially approved topical formulations of lidocaine cream, lotion, or gel are indicated for neuropathic pain. Within the documentation available for review, there is no indication that the patient has failed first-line therapy recommendations. Furthermore, guidelines do not support the use of topical lidocaine preparations which are not in patch form. As such, the currently requested topical lidocaine is not medically necessary.