

Case Number:	CM14-0181278		
Date Assigned:	11/06/2014	Date of Injury:	09/05/2011
Decision Date:	12/15/2014	UR Denial Date:	10/09/2014
Priority:	Standard	Application Received:	10/31/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Connecticut. 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:

After careful review of the medical records, this is a 59-year-old female with complaints of severe pain after shoulder surgery. The date of injury is 09/05/11 and the mechanism of injury was not mentioned. At the time of request for Right shoulder sympathetic block and Right shoulder suprascapular block with pulse radiofrequency, there are subjective (severe muscle pain, weakness, joint pain, stiffness, in the right shoulder and anxiety), and objective (right shoulder pain, frozen shoulder, and rest of the findings illegible), findings, imaging/other findings (abnormal electrodiagnostic studies of RUE on 03/22/12, unremarkable MRI of the right wrist on 02/02/12, MRI of the C-spine on 04/16/12 and MRI of the brain without contrast on 11/01/12), surgeries, (right shoulder surgery on 09/17/14 for arthroscopic subacromial decompression, distal clavicle resection, labral and/or cuff debridement or repair), current medications (Alprazolam, Effexor XR, Estradiol, and Metaxalone), diagnoses (CRPS after shoulder surgery), and treatment to date (cervical epidural block to the right at C5-6 on 05/31/12 and reported only temporary relief following injection, scalene block injection on 06/14/12 and noted no response with continued pain in her right shoulder, arm, wrist and thumb, anterior cervical discectomy and fusion at C5-6 on 05/05/13.) Most of the reports are illegible handwritten reports. The request for Right shoulder sympathetic block and Right shoulder suprascapular block with pulse radiofrequency was denied on 10/09/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right shoulder sympathetic 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 (ODG) Shoulder/Nerve Blocks

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain(Chronic), Pulsed Radiofrequency Treatment(PRF)

Decision rationale: Pulsed RF Not recommended. Pulsed radiofrequency treatment (PRF) has been investigated as a potentially less harmful alternative to radiofrequency (RF) thermal neurolytic destruction (thermocoagulation) in the management of certain chronic pain syndromes such as facet joint pain and trigeminal neuralgia. Pulsed radiofrequency treatment is considered investigational/not medically necessary for the treatment of chronic pain syndromes. In this particular case, the requesting physician's notes are mostly illegible. There is not much explanation in doctor's notes in regards to this particular procedure. Furthermore, the request appears to be for pulsed RF for both sympathetic block of the shoulder and suprascapular nerve which therefore this request is not medically necessary.

Right shoulder supracapsular block with pulse radiofrequency: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Shoulder/nerve blocks.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain(Chronic), Pulsed Radiofrequency Treatment(PRF)

Decision rationale: Pulsed RF Not recommended. Pulsed radiofrequency treatment (PRF) has been investigated as a potentially less harmful alternative to radiofrequency (RF) thermal neurolytic destruction (thermocoagulation) in the management of certain chronic pain syndromes such as facet joint pain and trigeminal neuralgia. Pulsed radiofrequency treatment is considered investigational/not medically necessary for the treatment of chronic pain syndromes. In this particular case, the requesting physician's notes are mostly illegible. There is not much explanation in doctor's notes in regards to this particular procedure. Furthermore, the request appears to be for pulsed RF for both sympathetic block of the shoulder and suprascapular nerve which therefore this request is not medically necessary.