

<b>Case Number:</b>	CM14-0151580		
<b>Date Assigned:</b>	09/19/2014	<b>Date of Injury:</b>	03/03/2011
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	08/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/17/2014

### 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. 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 male patient, who sustained an industrial injury on 03/03/2011. An initial evaluation dated 07/07/2014, reported a chief complaint of left shoulder pain. In addition, the injured worker complains of right shoulder pain, cervicogenic headaches, left eye pain, and altered hearing on the left. He takes Tramadol and Norco for his headaches. He has had two surgeries, 09/2011 and 11/2011 to include a left shoulder arthroscopy, left shoulder arthroscopy with rotator cuff repair, and decompression. Of note, he gained no benefit from either procedure. He was seen for orthopedic consultation with recommendation for repeat surgery. The patient reports having ringing in his ears since having the second surgery. He is allergic to Ibuprofen and ASA. The following diagnoses are applied: left shoulder pain, status post surgery times two, supraspinatous tears per magnetic resonance imaging and exam, left AC joint arthritis and cervicogenic headache. The plan of care involved: recommending further surgical intervention, attempt physical therapy, home exercise program and tapering off of Norco. In addition, Voltaren gel and Amitriptyline 25mg were prescribed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left Supraorbital Nerve Block:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.nih.gov/pubmed/9100402>.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 6: p52.

**Decision rationale:** The claimant is more than 4 years status post work-related injury and continues to be treated for chronic left shoulder pain. Being requested is a supraorbital nerve block. Indications for a supraorbital nerve block would be for providing anesthesia of the upper eyelid, forehead, and scalp for either diagnostic or surgical purpose. In this case, there is no indication of a need for this procedure. My impression is that this may have been intended as a request for a suprascapular nerve block. Guidelines recommend that consideration of diagnostic testing be defined by the clinical entity and body part being investigated. A supraorbital nerve block is not medically necessary.