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| <b>Case Number:</b>   | CM14-0211664 |                              |            |
| <b>Date Assigned:</b> | 12/24/2014   | <b>Date of Injury:</b>       | 03/31/2003 |
| <b>Decision Date:</b> | 02/26/2015   | <b>UR Denial Date:</b>       | 11/18/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 12/17/2014 |

### 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: Tennessee, Mississippi  
 Certification(s)/Specialty: Anesthesiology, 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:

This is a 59-year-old male with a 3/31/2013 date of injury. The exact mechanism of the original injury was not clearly described. A progress report dated 9/2/14 noted subjective complaints of neck, back and shoulder pain. Objective findings included tenderness over the right AC region. Diagnostic Impression: left shoulder strain, cervical strain. Treatment to Date: medication management, ESI, trigger point injections, physical therapy. A UR decision dated 11/18/14 denied the request for infrascapular nerve block under ultrasound guidance. There is no specific rationale provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Infrascapular Nerve Block Under Ultrasound Guidance:** 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), Online Version, Shoulder Chapter, 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) Shoulder Chapter, pain chapter.

**Decision rationale:** CA MTUS does not specifically address this issue. ODG states that regional blocks are not recommended, except when other treatments are contraindicated. However, while there is some evidence for the use of suprascapular nerve blocks for chronic shoulder pain, that is not the case with infrascapular nerve blocks. Additionally, in the documents available for review, there is no documentation of the specific rationale for the requested treatment modality. Therefore, the request for infrascapular nerve block under ultrasound guidance was not medically necessary.