

Case Number:	CM14-0217981		
Date Assigned:	01/07/2015	Date of Injury:	03/31/2003
Decision Date:	03/06/2015	UR Denial Date:	12/01/2014
Priority:	Standard	Application Received:	12/30/2014

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 was a 51 year old male, who was injured on the job March 31, 2003. The injured worker sustained injuries to the thoracic spine, lower and upper back and right shoulder. The injured worker was diagnosed with upper/thoracic strain/contusion, lumbar strain, cervical strain, left shoulder strain, right wrist strain, post traumatic headaches, left TMJ dysfunction, left hypothenar area twitching/fasciculation, full thickness rotator cuff tear of the right shoulder, status post right shoulder surgery, GERD and insomnia due to chronic pain. The injured worker had surgery on the right shoulder, February 7, 2013, which helped the injured worker, rating pain at 0 out of 10; 0 being no pain and 10 being the worse pain. The injured worker did have postoperative physical therapy. According to the progress note of January 16, 2014, the injured worker was having continued locking and freezing sensation and radiation to the right biceps area. The surgery seems to have helped but not completely. The right shoulder abduction was 130 degrees, flexion 130 degrees and extension 30 degrees. According to the progress note of March 31, 2014, the injured worker's pain level was 4 out of 10, in the right shoulder with locking and freezing. The injured worker was temporarily totally disabled. According to the progress note of September 3, 2014, the right shoulder and upper extremity the injured worker was limited to occasional with preclusion from heavy, forceful or repetitive shoulder use. The right shoulder abduction was 130 degrees, flexion 130 degrees and extension 30 degrees. According to the progress note of November 10, 2014, the injured worker recently fell, now rates pain at 9 out of 10 with range of motion, with difficulty sleeping. The physical exam noted tenderness over the acromioclavicular region of slight degree. The right shoulder abduction was

130 degrees, flexion 130 degrees and extension 30 degrees. The injured worker continues to take naproxen and Norco for pain. On December 1, 2014, the UR denied a Suprascapular Nerve Block injection under ultrasound guidance times 2 for the left shoulder. The denial was based on the Textbook of Interventional Pain Management edited by Steven D Waldman Chapter 33 "Suprascapular Nerve Block" pages 388-389. The California MTUS did not address the Suprascapular Nerve Block injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Suprascapular nerve block injection under ultrasound guidance x 2 for the left shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation "Textbook of Interventional Pain Management" edited by Steven D. Waldman, Chapter 33 "Suprascapular Nerve Block", pages 388-389

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Shoulder chapter, Steroid injections

Decision rationale: The patient is a 50 year-old male with a 3/31/2003 date of injury. The medical reports that discuss and request the suprascapular nerve block were not provided for this review. According to the 11/10/14 neurology report, the patient presents with neck, mid, low back and left shoulder pain. His diagnoses includes upper back strain with residual pain; cervical strain; lumbar strain with left lumbar radiculopathy; left shoulder strain status post surgery 1/12/05 with residuals; right wrist strain; post traumatic headaches; left TMJ dysfunction; left hypothenar area twitching/fasciculation; full thickness rotator cuff tear of right shoulder supraspinatus status post surgery on 2/7/13; intermittent GERD; and insomnia secondary to pain. MTUS chronic pain guidelines did not discuss shoulder injections. MTUS/ACOEM states Invasive techniques have limited proven value. If pain with elevation significantly limits activities, a subacromial injection of local anesthetic and a corticosteroid preparation may be indicated after conservative therapy. But does not discuss suprascapular injections. ODG guidelines were consulted. ODG-TWC guidelines, shoulder chapter online, for Steroid injections/criteria for steroid injections states these are for: Diagnosis of adhesive capsulitis, impingement syndrome, or rotator cuff problems, except for post-traumatic impingement of the shoulder. ODG states A second injection is not recommended if the first has resulted in complete resolution of symptoms, or if there has been no response; And ODG states these are performed without ultrasound guidance. The request for #2 injections for the left shoulder with ultrasound guidance for diagnosis of strain is not in accordance with ODG guidelines. Based on the available information, the request for suprascapular nerve block injection under ultrasound guidance x2 for the left shoulder, IS NOT medically necessary.