

Case Number:	CM15-0095695		
Date Assigned:	05/22/2015	Date of Injury:	07/29/2011
Decision Date:	06/24/2015	UR Denial Date:	05/01/2015
Priority:	Standard	Application Received:	05/18/2015

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 is a 49-year-old male, who sustained an industrial injury on 04/23/2015. He has reported subsequent shoulder, neck and back pain and was diagnosed with cervical and lumbosacral spondylosis, muscle spasm and lumbosacral sprain/strain. Treatment to date has included oral pain medications, suprascapular nerve block, facet injections and chiropractic therapy. In a progress note dated 04/23/2015, the injured worker complained of neck, shoulder and back pain. Objective findings were notable for limited range of motion of the right shoulder, anterior tenderness, complaint of pain with internal rotation of the right shoulder, posterior cervical paraspinous tenderness, minimal lumbosacral paraspinous tenderness and limited range of motion of the neck and low back. A request for authorization of right suprascapular nerve block with fluoroscopy and monitored anesthesia care was submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Suprascapular Nerve Block with Fluoroscopy and Monitored Anesthesia Care:
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Shoulder (updated 04/03/15) Online Version.

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, Nerve Blocks.

Decision rationale: The patient presents on 04/23/15 with unrated neck, shoulder, and back pain. The patient's date of injury is 07/29/11. Patient is status post cervical fusion at unspecified levels on 12/27/12. Per 04/23/15 progress note, this patient underwent suprascapular block on 10/01/14. The request is for RIGHT SUPRASCAPULAR NERVE BLOCK WITH FLUOROSCOPY AND MONITORED ANESTHESIA CARE. The RFA was not provided. Physical examination of the right shoulder dated 04/23/15 reveals tenderness to palpation of the anterior aspect of the shoulder joint, reduced range of motion on abduction, and pain elicitation upon internal rotation. The patient is currently prescribed Tramadol, Vistaril, and Amitriptyline. Diagnostic imaging included right shoulder MR arthrogram dated 06/24/14, significant findings include: "Undermining and partial detachment tearing and areas of stripping of posterior labrum extending to inferior and superior labrum. Posterior capsular and periosteal scarring and stripping. Lobulated about 2x2x1cm paralabral cyst along periphery of posterior to posteroinferior glenoid in capsule labral complex about 9 o'clock to 7 o'clock positions. Moderate to severe rotator cuff tendinosis." Patient's current work status is not provided. 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, under Nerve Blocks have the following: "Recommended as indicated below. Suprascapular nerve block is a safe and efficacious treatment for shoulder pain in degenerative disease and/or arthritis. It improves pain, disability, and range of movement at the shoulder compared with placebo. The use of bupivacaine suprascapular nerve blocks was effective in reducing the pain of frozen shoulder at one month, but not ranges of motion. Suprascapular nerve blocks have produced faster and more complete resolution of pain and restoration of range of movement than a series of intra-articular injections. According to this systematic review, there was moderate evidence for the effectiveness of suprascapular nerve block compared with acupuncture, placebo, or steroid injections for pain relief. The suprascapular nerve block is a reproducible, reliable, and extremely effective treatment method in shoulder pain control. Arthroscopy-guided suprascapular nerve block at the end of a rotator cuff repair is safe. Suprascapular nerve block is a safe and effective treatment for patients with hemiplegic shoulder pain. A second injection is not recommended if the first has resulted in complete resolution of symptoms, or if there has been no response. ODG states these are performed without ultrasound guidance. In regard to the repeat suprascapular nerve block, the need for fluoroscopy is questionable and anesthesia is not substantiated for this procedure. This patient underwent a suprascapular block on 10/01/14, though it is not clear if anesthesia or fluoroscopy were utilized. While the previous block was noted to have benefits, such injections are generally performed without the need for fluoroscopy or anesthesia. There is no explanation as to why this patient requires intensive monitoring for an otherwise minor procedure, without such discussion the request as written cannot be substantiated. Therefore, the request IS NOT medically necessary.