

# Vanguard MedReview, Inc.

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## DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Right shoulder suprascapular nerve block with sedation

## A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:

This case was reviewed by a Board Certified Doctor of Anesthesiology with experience in pain management with over 12 years of experience.

## REVIEW OUTCOME:

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

Upheld (Agree)

Provide a description of the review outcome that clearly states whether medical necessity exists for each of the health care services in dispute.

## PATIENT CLINICAL HISTORY [SUMMARY]:

XXXX: Office Visit by XXXX **HPI:** The patient presents for a recheck of neck pain. This condition occurred without any known injury. Symptoms include neck pain, neck stiffness, impaired ROM and shoulder pain. Symptoms are located in the right lateral neck. The pain radiates to the right trapezius and right shoulder. The pain is sharp, dull and aching. Onset was gradual 24 months ago. The episodes occur daily. The patient describes symptoms as moderate in severity. Symptoms are exacerbated by turning the head to the right, turning the head to the left, neck flexion and neck extension. Current treatment includes opioid analgesics. Pertinent medical history includes neck pain. XXXX reports 50% relief since XXXX previous OV and has begun an exercise regimen. XXXX admits to increased pain with weather changes. The onset of the shoulder pain has been sudden XXXX and has been occurring in a persistent pattern. Pain is dull aching. Relieving factors include rest and medications. History of uterine cancer. **Physical Exam:** left upper extremity: 4/5 reduced muscle strength. Note: RUE not examined today due to recent exacerbation of pain. Cervical spine: normal cervical spine movements and normal posture. Inspection and palpation: tenderness-moderate, upper trapezius area (R) and facet tenderness (R) (C4-5, C5-6, C6-7). R shoulder: tenderness: -2+ , moderate over the anterolateral border of the acromion, (R) over the long head of the biceps, (R) over the supraspinatus, (R) over the trapezius, (R). Multiple small healed scars noted over right shoulder. Assessment of pain reveals the following findings: ROJM: Right-testing limited: due to apprehension, due to guarding, due to guarding, due to pain and not able to perform evaluation. Humerus- Examination of the right humerus reveals-no palpable swelling, no erythema of surrounding tissue, normal upper extremity ROM, normal reflexes, no crepitus and normal sensation. Examination of the left humerus reveals- no tenderness to palpation, no pain, no palpable swelling, no erythema of surrounding tissue, normal upper extremity ROM, normal reflexes, no crepitus and normal sensation. **Assessment/Plan:** Shoulder pain. Basic IMMA & Validity expanded IMMA, opiates/opioids, LCMS, Benzodiazepines, LCMS, stimulants, LCMS, Misc, LCMS. No changes to current prescribed regimen. Future consideration of cervical ILESIs at C5-6, C6-7, C7-8. Future consideration of cervical MBBs at C5, C6, C7, and C8. Follow up in 4 weeks.

XXXX: Office Visit by XXXX. **HPI:** Patient is here for monthly follow-up and medication refills. XXXX wants to

discuss alternative meds as the XX is giving XXXX an upset stomach. **Plan:** Due to GI upset with with XX, the XX will be discontinued and XX 200 mg BID will be ordered in hopes for increased relief. Follow up in 4 weeks.

XXXX: MRI Cervical Spine without contrast interpreted by XXXX. **Impression:** 1. Motion artifact limits evaluation. 2. Small area of increased T2 signal dorsally within the cervical cord from C4-5 through mid C6 level, without cord expansion. Differential includes small syrinx, subacute combined degeneration related to vitamin B12 deficiency, copper deficiency, XX abuse, or nonspecific myelitis. Suggest further evaluation with pre/postcontrast MRI thoracic and lumbar spine and postcontrast MRI cervical spine. 3. Multilevel degenerative change in the cervical spine as detailed above, most prominent at C3-4 and C4-5. 4. Minimal/mild canal stenosis at C4-5. 6 mild canal stenosis at C5-6 with at least mild bilateral foraminal encroachment. 7. Minimal/mild canal stenosis at C6-7 with early bilateral foraminal encroachment. 8. Early bilateral foraminal encroachment at C7-T1.

XXXX: Office Visit by XXXX. **HPI:** Patient presents for follow up and med refills. **Exam:** Upper left extremity: 4/5 reduced muscle strength. Left shoulder: tenderness -3+, moderate, over anterolateral border of the acromion, (R), over the long head of the biceps, (R) over the supraspinatus, (R) and over the upper trapezius (R). Right internal rotation-AROM 30°, external rotation AROM 30°, extension AROM 45° Flexion AROM 115° Horizontal abduction AROM 105°. Apleys scratch test positive, drop arm test positive and empty can test positive, dunk test negative. **Assessment/Plan:** Continue XX at 90mg/day. No relief with XX, stop XX and start XX 300mg TID prn pain. Compound cream for additional relief. XXXX pain and ROM have failed to improve after XXXX last surgery in XXXX and last round of PT despite doing a daily home exercise regimen of stretching and strengthening. Further PT was not approved. I would like new imaging for further evaluation.

XXXX: MRI Shoulder without contrast-right interpreted by XXXX. **Impression:** 1. Mild to moderate glenohurberal degenerative osteoarthritis which has mildly progressed from previous. 2. Prior labral surgery with persistent signal in the labrum which is probably postoperative rather than ongoing tear. 3. Mild rotator cuff tendinosis with subtle interatitial delamination of the surraspicatus tendon.

XXXX: Encounter summary by XXXX. **Plan:** Symptoms unchanged. I would like to get relief with a right suprascapular nerve block with sedation, as XXXX has a severe fear of injections.

XXXX: UR performed by XXXX. **Rationale for Denial:** The request is not supported based on the provided documentation. There is no objective radiology report noting evidence of substantial underlying degenerative changes or arthritis. Failure of corticosteroid injection has not been noted. It was noted that additional physical therapy was requested, which was not supported and the claimant has failed a home exercise program. However, without documentation of radiology report and without clear indication that the claimant has failed a home exercise program and oral medication sand has had trials of previous corticosteroid injections, the injections would not be warranted. The request is not certified.

XXXX: UR performed by XXXX. **Rationale for Denial:** The patient has a long history of shoulder pain, since XXXX with multiple prior interventions, both medical, surgical and physical therapy. The recent MRI from XXXX showed mild tendinosis and mild arthritic changes. This is the type of degenerative joint disease that might preclude heavy use of the arm or overhead activities, but is not going to cause constant pain. In other words, the MRI findings do not explain the ongoing current symptoms. The clinical course and current treatment program indicates a chronic regional pain syndrome picture. This is consistent with benefit that the patient has experienced with XX and XX therapy. The patient does not feel that XX has been beneficial. The patient was not wanting further injection therapy. The patient is performing a home exercise program. The patients overall level of pain now is moderate. ODG does not indicate that suprascapular nerve blocks are helpful for chronic regional pain syndromes. ODG recommended suprascapular nerve blocks for severe arthritis, frozen shoulder syndrome and hemiplegic shoulder pain. A successful peer-to-peer call with XXXX on behalf of XXXX was made. As per peer discussion, the PA indicated that the patient has had failed surgeries and physical therapy and they are trying to use a new protocol that they have been following for these cases. They try a suprascapular nerve block and then if that is helpful they go to a peripheral nerve stimulation technique called stim wave. This technique is innovative but not supported by much clinical experience. On this bases, the request for right shoulder suprascapular nerve

block with sedation (64418) is not medically necessary.

**ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS, AND CONCLUSIONS USED TO SUPPORT THE DECISION:**

Based on the records submitted and peer-reviewed guidelines, this request is non-certified. There is no objective radiology report noting evidence of substantial underlying degenerative changes or arthritis. Failure of corticosteroid injection has not been noted. It was noted that additional physical therapy was requested, which was not supported and the claimant has failed a home exercise program. However, without documentation of radiology report and without clear indication that the claimant has failed a home exercise program and oral medication and has had trials of previous corticosteroid injections, the injections would not be medically necessary or warranted. The request is non-certified.

Per ODG:

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 range 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. ([Dahan, 2000](#)) ([Jones, 1999](#)) ([Shanahan, 2003](#)) ([Shanahan, 2004](#)) 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. ([Tashjian, 2012](#)) The suprascapular nerve block is a reproducible, reliable, and extremely effective treatment method in shoulder pain control. ([Fernandes, 2012](#)) Arthroscopy-guided suprascapular nerve block at the end of a rotator cuff repair is safe. ([Lee, 2013](#)) Suprascapular nerve block is a safe and effective treatment for patients with hemiplegic shoulder pain. ([Adey-Wakeling, 2013](#))

Radiofrequency of suprascapular nerve: Pulsed radiofrequency, or cold radiofrequency, is recommended as an option. Suprascapular nerve block improves pain, range of motion, and disability in acute and chronic shoulder pain. Pain relief usually lasts several hours with just local anesthetic. If steroids are added, the relief lasts several weeks. Since repetitive steroid exposure is associated with several hazards, alternative long-term therapies are desirable. Pulsed radiofrequency is a non-destructive, safe, and repeatable long-term pain control therapy. While suprascapular nerve block may provide only a short-term relief, pulsed radiofrequency has been reported to provide longer relief. ([Gofeld, 2013](#)) Continuous radiofrequency lesioning of the SSN seems to be an effective treatment for chronic shoulder pain. ([Simopoulos, 2012](#)) Pulsed radiofrequency application to the suprascapular nerve for 480 seconds shows remarkable improvement at patients' chronic shoulder pain. ([Luleci, 2011](#))

**A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:**

- ACOEM- AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE
- AHCPR- AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES
- DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES
- EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN
- INTERQUAL CRITERIA
- MEDICAL JUDGEMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

- MERCY CENTER CONSENSUS CONFERENCE GUIDELINES
- MILLIMAN CARE GUIDELINES
- ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES
- PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR
- TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS
- TEXAS TACADA GUIDELINES
- TMF SCREENING CRITERIA MANUAL
- PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)