

Case Number:	CM13-0068471		
Date Assigned:	01/03/2014	Date of Injury:	02/26/2002
Decision Date:	05/30/2014	UR Denial Date:	11/20/2013
Priority:	Standard	Application Received:	12/19/2013

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 51 year old male who was injured on 03/07/2002. The mechanism of injury is unknown. Prior treatment history has included left shoulder arthroscopy September 2004 followed by T8-9 discectomy with fusion in July of 2005 and thoracotomy with complete anterior discectomy at T10-11 with cages and plates in April 2008. The patient was treated postoperatively with medications including Tramadol and Lyrica, physical therapy, acupuncture and TENS unit with unknown length of time or benefit from use. Diagnostic studies reviewed include CT scan of the chest dated 07/03/2013 with the following impression: 1) there has been no significant change in the partially calcified pleural plaque involving the inferior and posterior aspect of the lower lobe. 2) There is subtle atelectasis involving posterior segment of the left lower lobe along the pleural plaque. 3) No pulmonary nodules identified. 4) Status post spinal fusion at T9 and T10. A progress note dated 08/14/2013 documented the patient with complaints of still having shortness of breath and difficult inspiration. He has thoracolumbar pain. The objective findings on exam of the thoracolumbar area reveal there is significant spasm and tenderness. There is radicular type of symptoms to the lower extremities. The progress note dated 10/23/2013 documented the patient with still persistent right shoulder pain with pins and needles sensation, which he rates as 5-6/10. He complains of pain in the neck with numbness, which he rates 6/10. He complains of stabbing pain in his back and bilateral hips, which he rates as 6-7/10. He is complaining of shortness of breath. The progress note dated 09/25/2013 documented the patient with complaints of ongoing thoracolumbar symptomatology. On physical examination there is thoracolumbar tenderness noted. The diagnosis is status post thoracic spine fusion. The treatment plan is to wait for the reporting review from the pulmonologist.

IMR ISSUES, DECISIONS AND RATIONALES

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

STEROID/ANESTHETIC INJECTION: INTERCOSTAL NERVE BLOCK T/S: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Lumbar and Thoracic, Injections.

Decision rationale: This is a request for intercostal nerve block for a 51 year old male with chronic thoracic pain from an injury on 3/7/02. The diagnoses include cervical and lumbar discopathy, lumbar radiculopathy, T8-9 discectomy, T10-11 fusion, and R shoulder rotator cuff tear. Guidelines do not specifically address the requested intervention. While intercostal nerve block may be a reasonable request, no specific rationale or discussion of the proposed treatment is provided in the available medical records. The symptoms are not detailed and the injection level is not specified. The pathology is not described. The pulmonologist report is not provided. The medical necessity is not established.