

Case Number:	CM14-0005408		
Date Assigned:	01/24/2014	Date of Injury:	03/10/2009
Decision Date:	06/09/2014	UR Denial Date:	12/30/2013
Priority:	Standard	Application Received:	01/13/2014

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. The expert reviewer is Board Certified in Family Medicine, and is licensed to practice in Arizona. 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:

Patient is a 41-year-old with a date of injury on March 10, 2009. Patient has been treated for ongoing pain in the neck and thoracic back. Diagnoses include degenerative disc disease of the thoracic and cervical spine, thoracic disc herniation, and neck pain. Subjective complaints are of pain in the left lower ribs that was constant and aching, and increased pain with breathing. Physical exam revealed mild tenderness over left lateral chest wall T6-8.. Prior treatments have included thoracic epidural steroid injections in March and October of 2013. Submitted documentation states that patient had >50% improvement of left thoracic pain after these injections. Medications include Dilaudid, Flexeril, and Ambien CR. Documentation does not show evidence of further evaluation to determine the etiology of this new onset of rib pain, or evidence of conservative measures being pursued.

IMR ISSUES, DECISIONS AND RATIONALES

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

INTERCOSTAL NERVE BLOCK AT T6 LEFT, QTY: 1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pain, Suffering, and the Restoration of Function Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 6), page 115.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Blue Cross Blue Shield Medical Coverage Guidelines from the website www.bcbsfl.com.

Decision rationale: CA MTUS and the ODG do not offer recommendations regarding intercostal nerve blocks. Alternate guidelines suggest peripheral nerve blocks after demonstration of failure of conservative measures including NSAIDS (non-steroidal anti-inflammatory drugs), physical therapy, and activity modification. For this patient, documentation does not demonstrate failure of conservative measures to treat these specific symptoms. The request for one intercostal nerve block at T6 left is not medically necessary or appropriate.

INTERCOSTAL NERVE BLOCK AT T7 LEFT, QTY: 1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pain, Suffering, and the Restoration of Function Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 6), page 115.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Blue Cross Blue Shield Medical Coverage Guidelines from the website www.bcbsfl.com.

Decision rationale: CA MTUS and the ODG do not offer recommendations regarding intercostal nerve blocks. Alternate guidelines suggest peripheral nerve blocks after demonstration of failure of conservative measures including NSAIDS, physical therapy, and activity modification. For this patient, documentation does not demonstrate failure of conservative measures to treat these specific symptoms. The request for one intercostal nerve block at T7 left is not medically necessary or appropriate.

INTERCOSTAL NERVE BLOCK AT T8 LEFT, QTY: 1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pain, Suffering, and the Restoration of Function Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 6), page 115.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Blue Cross Blue Shield Medical Coverage Guidelines from the website www.bcbsfl.com.

Decision rationale: CA MTUS and the ODG do not offer recommendations regarding intercostal nerve blocks. Alternate guidelines suggest peripheral nerve blocks after demonstration of failure of conservative measures including NSAIDS, physical therapy, and activity modification. For this patient, documentation does not demonstrate failure of conservative measures to treat these specific symptoms. The request for one intercostal nerve block at T8 left is not medically necessary or appropriate.

FLUOROSCOPIC GUIDANCE QTY: 1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pain, Suffering, and the Restoration of Function Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 6), page 115.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Blue Cross Blue Shield Medical Coverage Guidelines from the website www.bcbsfl.com.

Decision rationale: CA MTUS and the ODG do not offer recommendations regarding intercostal nerve blocks. Alternate guidelines suggest peripheral nerve blocks after demonstration of failure of conservative measures including NSAIDS, physical therapy, and activity modification. For this patient, documentation does not demonstrate failure of conservative measures to treat these specific symptoms. The request for one fluoroscopic guidance is not medically necessary or appropriate.