

Case Number:	CM14-0109044		
Date Assigned:	08/13/2014	Date of Injury:	01/11/2011
Decision Date:	10/08/2014	UR Denial Date:	07/02/2014
Priority:	Standard	Application Received:	07/14/2014

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 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic mid back pain reportedly associated with an industrial injury of January 11, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representations; transfer of care to and from various providers in various specialties; opioid therapy; unspecified amounts of physical therapy over the life of the claim; and psychotropic medications. In a Utilization Review Report dated July 2, 2014, the claims administrator denied a request for an intercostal nerve block under fluoroscopy. Opana, Cymbalta, and clonidine were reportedly approved. The applicant's attorney subsequently appealed. In an August 4, 2014 progress note, the applicant reported persistent complaints of back pain, ranges from 3-7/10, exacerbated by standing, walking, sitting, and lifting weight. The applicant did have a variety of comorbidities, including hypertension, dyslipidemia, asthma, pneumonia, valley fever, sleep apnea, vertebral compression fracture, associated convulsive disorder, bipolar disorder, and depression. The applicant was using Zyprexa, Opana, testosterone, Klonopin, Catapres, and Cymbalta, it was stated. Multiple medications were refilled, including Opana. A lumbar support was sought. An intercostal nerve block was sought at T9-T10 and T10-T11 levels. The attending provider had stated that applicant had diffuse lumbar and thoracic facet tenderness between T9 through L5 with tenderness most prominent at the T9 through T12 intercostal spaces.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right intercostal nerve block T9-T10, T10-T11 Fluroscopic Guidance/Ultrasound: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG (Official Disability Guidelines) Epidural Steroid Injection's (ESI's)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 12, page 300, invasive techniques such as local injections being proposed here are of "questionable merit." In this case, there is, furthermore, considerable lack of diagnostic clarity. The applicant has been given a variety of other diagnoses, including that of pain secondary to vertebral compression fractures. The attending provider's comments that the applicant's pain is exacerbated by flexion and extension also call into question possible facetogenic or discogenic pain. The attending provider has not clearly stated why he believes the applicant's pain is intercostal in nature. Therefore, the request is not indicated both owing to the considerable lack of diagnostic clarity superimposed on the unfavorable ACOEM position on the procedure in question. Accordingly, the request is not medically necessary.