

Case Number:	CM14-0130325		
Date Assigned:	08/20/2014	Date of Injury:	11/18/2012
Decision Date:	12/26/2014	UR Denial Date:	07/17/2014
Priority:	Standard	Application Received:	08/14/2014

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 Family Medicine and is licensed to practice in New Jersey. 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 worker is a 41 year old male who was injured on 11/18/2012. He was diagnosed with thoracic sprain/strain, thoracic pain, cervical sprain/strain, and intervertebral disc displacement (T6-7). He was treated with physical therapy. On 6/24/14, the worker was seen by his primary treating physician complaining of chronic left mid-thoracic pain, worsened by activity and certain positions as well as chronic soreness of the left base of neck. Physical findings included neck tightness/tenderness and tenderness of the mid-thoracic left paraspinal region with radicular pain to left thoracic region upon provocation. He was then recommended (as previously recommended and awaiting approval) physical therapy for the thoracic and cervical spine as well as an intercostal injection of the thoracic spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Thoracic intercostal nerve injection at T9-10 x1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation McMahon: Wall and Melzack's Textbook of Pain, 5th ed., Chapter 33 - Local anesthetic blocks and epidurals. Nerve blocks of the thorax and abdomen.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical

Evidence: McMahon: Wall and Melzack's Textbook of Pain, 5th ed., Ch. 33-Local anesthetic blocks and epidurals

Decision rationale: The MTUS Guidelines do not address intercostal blocks for chronic pain, and no other guidelines were found giving specific recommendation reflecting the available evidence on the subject. A textbook reference was used, which stated that intercostal blocks are typically used for the treatment of pain related to rib fractures, Shingles, or postoperatively, and provides a temporary reduction in localized pain. In the case of this worker, it is unclear as to the exact cause of the worker's thoracic pain, however there is no indication that there is a condition/cause which has some evidence to back up a recommendation for an intercostal block, which would only provide temporary relief at best, and not significantly contribute to the worker's long-term functional improvement, in the opinion of the reviewer. Therefore, due to lack of evidence for use in chronic pain and low likelihood of long-term benefit, the thoracic intercostal block is not medically necessary.