

Case Number:	CM14-0040297		
Date Assigned:	04/21/2014	Date of Injury:	08/28/2012
Decision Date:	07/03/2014	UR Denial Date:	01/21/2014
Priority:	Standard	Application Received:	02/14/2014

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 Physical Medicine & Rehabilitation, has a subspecialty in Neuromuscular Medicine, and is licensed to practice in Maryland. 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 62-year-old male who had a work injury dated 8/28/12. The diagnoses include upper ribcage fracture, right rotator cuff tear s/p right shoulder arthroplasty, thoracolumbar contusion. An office visit on 12/10/13 indicates that the patient has a history of right sided rib pain from his nipple downward. The pain is constant, sharp and shooting. On examination he has tenderness and tightness in the thoracic paravertebral muscles and severe tenderness in ribs 8, 9, 10, 11 with spasms in the intercostal muscles. There is a request for right intercostal nerve block at ribs 8, 9, 10, 11 x 3.

IMR ISSUES, DECISIONS AND RATIONALES

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

RIGHT INTERCOSTAL NERVE BLOCK AT RIBS 8, 9, 10, 11 X 3: 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 Other Medical Treatment Guideline or Medical Evidence: Clinical Policy Bulletin: Peripheral Nerve Blocks Number: 0863.

Decision rationale: Right intercostal nerve block at ribs 8, 9, 10, 11 x 3 is not medically necessary. The MTUS and ODG guidelines do not discuss intercostal nerve blocks. [REDACTED] Clinical Policy Bulletin 0863 states that peripheral nerve blocks are medically necessary for the treatment of (i) acute pain, and (ii) for chronic pain only as part of an active component of a comprehensive pain management program. Peripheral nerve blocks as sole treatment for chronic pain is considered experimental and investigational. The documentation does indicate that the patient was encouraged to do his home exercise program and is being managed as a comprehensive pain management program. The MTUS Chronic Pain Guidelines recommend for injections such as epidural injections to not repeat an injection without sustained benefit and documentation of efficacy of the initial injections. The request for 3 injections without evidence of efficacy of the initial injections are not medically necessary. The request for right intercostal nerve block at ribs 8, 9, 10, 11 x 3 is not medically necessary.