

Case Number:	CM14-0045653		
Date Assigned:	06/27/2014	Date of Injury:	01/01/1992
Decision Date:	08/21/2014	UR Denial Date:	03/06/2014
Priority:	Standard	Application Received:	04/03/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 52-year-old male who has submitted a claim for Tietze's disease, status post thoracic spine fusion, cervical discopathy, lumbar discopathy with radiculopathy, right shoulder rotator cuff tear, and right shoulder acromioclavicular impingement syndrome associated with an industrial injury date of 01/01/1992. Medical records from 2010 to 2014 were reviewed. The patient complained of neck, thoracolumbar spine, and right shoulder pain, graded 5-7/10 in severity. Patient likewise reported stabbing left-sided rib pain worsened upon deep breathing and lying on prone position. Inspection of the spine and ribs showed normal alignment, without any deformity. A post-surgical scar was noted at the left chest (s/p thoracentesis in 2010). Tenderness was noted at the sternoclavicular joint, anterior capsule, and acromioclavicular joint. Crepitus, positive Neer's, Hawkin's and impingement signs were evident. Range of motion of the right shoulder joint was restricted on all planes, while motor strength was graded 4/5. Physical examination of the lumbar spine showed tenderness, muscle spasm, and restricted motion. Motor strength was graded 4/5 at plantarflexors and toe extensors bilaterally. Gait was antalgic. Sensation was diminished at dorsal foot and posterolateral calf, bilaterally. Treatment to date has included intercostal nerve blocks at left rib 9 and 10 on 12/02/2013, physical therapy, and medications. Utilization review from 03/06/2014 denied the request for left anterior ribs 11-12 intercostal nerve block under fluoroscopy with IV sedation because there was no specific pain generator and pain may only be referred from higher ribs.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left anterior ribs 11-12 intercostal nerve block under fluoroscopy with IV sedation:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174-175, Chronic Pain Treatment Guidelines Page(s): 55.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back chapter, Discectomy-laminectomy-laminoplasty.

Decision rationale: The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, ODG was used instead. According to ODG, confirmatory selective nerve root blocks may be used in patients with abnormal imaging studies without evidence of sensory, motor, reflex, or EMG changes. The block should provide pain in the abnormal nerve root, and provide at least 75% pain relief for the duration of the local anesthetic. In this case, patient has chronic left-sided rib pain since 2010 status post thoracentesis for a left-sided pleural effusion. Rib pain was worse upon deep breathing. Patient underwent intercostal nerve blocks at left rib 9 and 10 on 12/02/2013 with significant pain relief noted. However, there was no discussion as to why the present request is for ribs 11th to 12th when the previous procedure did not involve these segments. There were no imaging or electrodiagnostic results consistent with nerve root involvement, and the indication for nerve root block has not been met. Therefore, the request for left anterior ribs 11-12 intercostal nerve block under fluoroscopy with IV sedation is not medically necessary.