

Case Number:	CM14-0056212		
Date Assigned:	07/09/2014	Date of Injury:	05/29/2010
Decision Date:	08/08/2014	UR Denial Date:	04/15/2014
Priority:	Standard	Application Received:	04/25/2014

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 and Rehabilitation 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 injured worker is a 29-year-old male who reported an injury on 05/29/2010. The mechanism of injury was noted to be a fall. The documentation submitted for review fails to provide any prior treatments that the injured worker may have had. The documentation does indicate a diagnosis of rib pain. A primary treating physician's progress report dated 03/12/2014 notes the injured worker with complaints of left rib pain. The objective findings were not noted on this progress report. The treatment plan was for left rib diagnostic injection and return in 4 weeks. The provider's rationale for the request was provided within the documentation dated 03/12/2014. The request for authorization for medical treatment was not provided within the documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Diagnostic Steroid Injection of the Intercostal Nerves of the left rib: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 11th Edition (web), 2013, Pain/Injection with anesthetics and /or steroids.

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: Clevelandclinic.org, Intercostal Nerve Block.

Decision rationale: The request for 1 Diagnostic Steroid Injection of the Intracostal Nerves of the left rib between 4/14/2014 and 5/29/2014 is non-certified. According to The Cleveland Clinic, an intercostal nerve block helps relieve pain in the chest area caused by a herpes zoster infection (shingles) or a surgical incision. Intercostal nerves are located under each rib, when the nerve or the tissue around it gets irritated or inflamed it can cause pain. A steroid injection and local anesthetic injected under the rib can help reduce the inflammation and alleviate the pain. Intercostal nerve blocks also can be used to help diagnose the source of pain. An intercostal nerve block may be indicated if a patient has a recent onset of pain in the chest area, especially due to shingles or a surgical incision, which does not respond to other treatments. The documentation provided for review does not indicate shingles or a recent surgical incision. The documentation fails to provide failed conservative care. The treatment plan does not indicate a diagnostic steroid injection or how it would change the course of treatment for pain. As such, the request for 1 Diagnostic Steroid Injection of the Intracostal Nerves of the left rib is not medically necessary.