

Case Number:	CM14-0099095		
Date Assigned:	07/28/2014	Date of Injury:	06/09/2011
Decision Date:	09/09/2014	UR Denial Date:	06/10/2014
Priority:	Standard	Application Received:	06/27/2014

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 Texas and Oklahoma. . 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 56-year-old male with a reported date of injury on 06/09/2011. The injury reportedly occurred when the injured worker was hit by a forklift driver. His diagnoses were noted to include thoracic cage trauma on the right side, intercostal neuralgia to T9, T10, T11 and T12 levels on the right side, and thoracic facet arthropathy T9 to T12 more on the right side. His previous treatments were noted to include physical therapy, acupuncture, and medications. The progress note dated 05/07/2014 revealed the injured worker complained of mid back and right chest wall pain. The injured worker revealed that in spite of therapy his pain was rated 6/10 to 7/10, going to 8/10 when exacerbated by prolonged sitting, standing or twisting. The physical examination revealed deep tendon reflexes were 2+ in the upper extremities bilaterally. The sensory examination was within normal limits and the cervical spine had normal range of motion. The thoracic lumbar spine revealed a limited range of motion, mostly because of the pain to the right side of the ribcage. There was pain on the facets of T9 to T12 on the right side, and on the ribs at the level of T9, T10, T11 and mild on T12. There was exquisite pain noted on the mid-clavicular line anteriorly and on the anterior axillary line area at the same levels. Pain was exacerbated by twisting, mostly to the right, lateral bending to the right also elicited 2+ pain. The lumbar range of motion was decreased mostly because of pain, and there was pain upon palpation to the lumbar spine over the facets. There were no muscle spasms in the area, and the straight leg raise test was negative. The provider indicated a thoracic computed tomography scan dated 02/29/2012 showed no disc herniation or spinal canal stenosis. The Request for Authorization form dated 05/30/2014 was for intercostal blocks at the levels T9, T10, and T11 in order to locate the main pain generator.

IMR ISSUES, DECISIONS AND RATIONALES

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

Intercostal block at level T9, T10, T11 to locate main pain generator: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

Decision rationale: The request for an intercostal block at level T9, T10, T11 to locate the main pain generator is not medically necessary. The injured worker complains of pain despite therapy to the mid back and right body rated 6/10 to 7/10. The CA MTUS/ACOEM Guidelines state invasive techniques (e.g. local injections and facet joint line injections of cortisone and lidocaine) are of questionable merit. Although epidural steroid injections may offer short-term improvement in leg pain and sensory deficits in patients with nerve root compression due to a herniated nucleus pulposus, this treatment offers no long term functional benefit, nor does it reduce the need for surgery. Despite the fact that proof is still lacking, many pain physicians believe that diagnostic and/or therapeutic injections may have benefit in patients presenting in the transitional phase between acute and chronic pain. The guidelines state invasive techniques are of questionable merit and this treatment offers no long term functional benefit, nor does it reduce the need for surgery. There is a lack of documentation showing significant neurological deficits in a specific dermatomal distribution. Therefore, the request is not medically necessary.