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| Case Number: | CM14-0189133 | | |
| Date Assigned: | 11/20/2014 | Date of Injury: | 12/28/2011 |
| Decision Date: | 02/09/2015 | UR Denial Date: | 11/07/2014 |
| Priority: | Standard | Application Received: | 11/13/2014 |

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 Rehab, 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 patient is a 46-year old male with a date of injury of 12/28/11. The treating physician report dated 10/23/14 indicates that the patient presents with pain affecting his left-sided back and rib gage along with thoracic pain. The physical examination findings reveal significant tenderness to palpation in the left rib area and left mid thoracic area and limited range of motion secondary to pain. Prior treatment history includes physical therapy, medications, TENS unit, chest CT and thoracic MRI imaging studies. MRI findings of the thoracic spine without contrast reveal that the thoracic cord demonstrates normal signal and caliber and that there is no disc bulge or herniation. CT findings of the chest without contrast reveal findings consistent with Scheuermann's disease. The current diagnoses are left rib cage sprain/strain; no rib fractures or thoracic disc herniation's noted and incidental finding of left pulmonary nodules. The utilization review report dated 11/7/14 denied the request for referral to a pain management specialist for intercostal nerve blocks, and the request for referral to pain management specialist, thoracic epidural facet selective nerve blocks based on the California MTUS ACOEM Practice Guidelines, 2nd Edition, 2004, page 127.

IMR ISSUES, DECISIONS AND RATIONALES

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

Referral to a Pain Management Specialist for Intercostal Nerve Blocks QTY: 1: 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 AETNA Clinical Policy Bulletin: Peripheral Nerve Blocks (http://www.aetna.com/cpb/medical/data/800_899/0863.html)

Decision rationale: The patient presents with pain affecting his left-sided back and rib gage along with thoracic pain. The current request is for referral to a pain management specialist for intercostal nerve blocks. The MTUS and Official Disability Guidelines do not address intercostal nerve blocks. The AETNA clinical policy states, "Aetna considers intercostal nerve blocks experimental and investigational for the sole treatment of chronic intercostal neuritis because there is no clinical evidence to support the use of intercostal nerve blocks in the treatment of chronic intercostal neuritis. Intercostal nerve blocks are considered medically necessary for acute intercostal pain, and for chronic intercostal neuritis as part of a comprehensive pain management program." The treating physician report dated 10/23/14 states, "A referral to a pain management specialist for intercostal nerve blocks as well as thoracic epidural facet selective blocks. The patient does have intercostal pain with radiation." In this case the treating physician has documented that the patient has intercostal pain with radiation and the patient has failed to improve with conservative treatments. The AETNA clinical policy only supports intercostal nerve blocks for patients as part of a comprehensive pain management program and the treating physician has not documented that the patient is actively participating in a comprehensive pain management program. Therefore, this request is not medically necessary.

Referral Pain Management Specialist thoracic Epidural Facet Selective Nerve Blocks Per Report Dated 10/23/14 QTY: 1: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections Page(s): 46.

Decision rationale: The patient presents with pain affecting his left-sided back and rib gage along with thoracic pain. The current request is for Referral Pain Management Specialist thoracic Epidural Facet Selective Nerve Blocks per Report Dated 10/23/14 QTY: 1: The treating physician report dated 10/23/14 states, "The patient does have intercostal pain with radiation." In this case the treating physician has documented that the patient has intercostal pain with radiation and the patient has failed to improve with conservative treatments. The treating physician has made a request for a referral to a pain management specialist that appears to be a referral for an epidural, facet block or selective nerve root block. The MTUS guidelines support the use of epidurals. There is nothing precluding the authorization of a consultation if one of the topics is for an unsupported procedure. The current request is medically necessary.