

Case Number:	CM14-0207715		
Date Assigned:	12/19/2014	Date of Injury:	01/22/2013
Decision Date:	02/13/2015	UR Denial Date:	11/17/2014
Priority:	Standard	Application Received:	12/11/2014

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 injured worker (IW) is a 47-year-old individual who on 1/22/13 sustained a work related injury to the left shoulder. The records indicate the IW underwent surgery for a labrum and rotator cuff tear on an undetermined date. The records indicate the IW underwent left shoulder arthroscopy on 10/14/13. Other treatments included a splint, physical therapy and medication. The 5/15/14 progress report indicates the patient had made slow and steady progress post-operatively. The 10/2/14 progress notes indicate the patient presents with upper back and neck pain off and on for years. The neck pain travels into the left thoracic spine at the T3-T6 levels. According to the soap notes dated 11/11/14 (25), the patient presents with persistent complaints of left shoulder and suprascapular pain radiating down the left upper arm. Records indicate the patient is status-post bilateral shoulder surgeries for torn rotator cuff in the past. The IW complained of pain and stiffness in the left upper back over the left medial aspect of the scapula extending from T3 down to T5 which is more prominent when moving his left shoulder. Trigger point injections over the area of myofascial pain and multiple intercostal nerve blocks on the left at T3, T4, and T5 for intercostal neuralgias were discussed. Physical exam notes moderate amount of tenderness to deep palpation in the left upper back, especially over the rhomboid, levator scapula, and trapezius muscle with trigger points palpated. There is also a marked degree of tenderness to deep palpation of the medial aspect of the left scapula at T3, T4 and T5 radiating underneath the scapula to the mid posterior thoracic spine. Muscle strength is 5/5. No sensory deficit is noted in the upper extremities. Cervical range of motion is full. Left shoulder range of motion is somewhat limited especially in abduction and external rotation. Motrin and Soma are resumed. The IW will taper off of Norco. The current diagnoses are: 1. Status-post shoulder surgeries 2. Myofascial pain syndrome, left upper back 3. Left suprascapular neuralgia 4. Left intercostal neuralgia, T3-T6 5. Cervicothoracic musculoligamentous strain

The utilization review

report dated 11/17/14 denied the request for Intercostal nerve blocks at left T3, T4, and T5 based on lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Intercostal nerve blocks at left T3, T4 and T5: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Injections with anesthetics or steroids, Pain and on Other Medical Treatment Guideline or Medical Evidence: Aetna Clinical Policies regarding intercostal injections

Decision rationale: The patient presents with persistent complaints of left shoulder and suprascapular pain radiating down the left upper arm along with pain and stiffness in the left upper back over the left medial aspect of the scapula extending from T3 down to T5 which is more prominent when moving his left shoulder. The current request is for Intercostal nerve blocks at left T3, T4, and T5. The injured worker (IW) is status-post rotator cuff and labrum repair bilaterally. Treatment has included physical therapy, splint, and medications. Trigger point injections have been authorized to deal with trigger points. The treating physician documents intercostal pain as well as trigger points in the thoracic region. ODG offers general recommendations for injections with anesthetics and/or steroids. Pain injections general: Consistent with the intent of relieving pain, improving function, decreasing medications, and encouraging return to work. 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." In this case the attending physician appears to be offering a comprehensive pain management program. The IW has been attending physical therapy, is resuming Motrin and Soma while tapering from Norco. Trigger point injections are being administered into active trigger points. A flector patch is being utilized. The current request appears to meet the minimal medical criteria and as such, the request is medically necessary.