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| Case Number: | CM15-0184940 | | |
| Date Assigned: | 09/25/2015 | Date of Injury: | 08/28/2013 |
| Decision Date: | 11/02/2015 | UR Denial Date: | 08/29/2015 |
| Priority: | Standard | Application Received: | 09/21/2015 |

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 34 year old male who sustained an industrial injury on 08-28-2013. Medical records indicated the worker was treated for left intercostal neuritis. In the provider notes of 08-20-2015, the injured worker complains of ongoing pain in the left side of his ribs laterally and posteriorly. Treatments have included physical therapy (which he reported was minimally beneficial) Lidoderm patch and Voltaren gel (03-11-2015) a transcutaneous electrical nerve stimulation (TENS) unit, Chiropractic treatments (without functional improvement or pain relief) Tizanide, and Naproxen (04-28-2015), and over the counter topical creams. The worker was reported to have had a normal chest CT scan (per the primary treating physician's Progress Report of 07-07-2015). Ongoing 12-point systems reviews were negative. The treatment plan is for an intercostal block to be given by a pain management specialist. A request for authorization was submitted for Intercostal block to the left 10th rib. A utilization review decision 08-29-2015 non-certified the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Intercostal block to the left 10th rib: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder Chapter, Costovertebral blocks.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 6, p60.

Decision rationale: The claimant sustained a work injury in August 2013 and is being treated for left scapular and chest wall pain. Treatments have included medications, physical therapy, and TENS. When seen, there had been minimal benefit from physical therapy. There was left intercostal tenderness and the 10th rib. An intercostal block is being requested. A CT scan of the chest in June 2015 was negative. A thoracic spine MRI was requested but was denied. Guidelines state that local anesthetic injections have been used to diagnose certain pain conditions that may arise out of occupational activities, or due to treatment for work injuries. Local anesthetic injections may be useful when differentiating pain due to compression of a nerve from other causes. In this case, the claimant has ongoing chest wall pain of unclear etiology. The requested thoracic spine MRI was denied. An intercostal block should differentiate between a spinal versus peripheral nerve condition. It is considered medically necessary.