MAXIMUS Federal Services

Case Number:	CM15-0034987		
Date Assigned:	03/03/2015	Date of Injury:	03/02/2014
Decision Date:	04/13/2015	UR Denial Date:	01/16/2015
Priority:	Standard	Application Received:	02/24/2015

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: New Jersey, Michigan, California
Certification(s)/Specialty: Neurology, Neuromuscular Medicine

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 57 year old male, who sustained an industrial injury on March 2, 2014. He has reported he was in a motor vehicle accident while a driver in a semi-truck, X-rays were done, and he was given Norco for the pain. The diagnoses have included right chest wall contusion, myofascial pain syndrome, intercostal neuralgia, right knee joint pain, right knee contusion and left ankle joint pain. Treatment to date has included medication and physical therapy, injections. Currently, the injured worker complains of back, chest, leg and eye pain. In a progress note dated October 10, 2014, the treating provider reports examination of the chest reveals tenderness to palpation to the right side of the chest. On January 16, 2015 Utilization Review non-certified a repeat intercostal nerve block at T6-T9 levels with fluoroscopy, noting, Official Disability Guidelines and http://ncbi.nlm.nih.gov/pubmed/2807052 was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repeat intercostal nerve block at T6-T9 levels with fluoroscopy and pulsed radiofrequency: 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), Pain, Pulsed radiofrequency treatment (PRF).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pulsed radiofrequency treatment (PRF) http://www.odg-twc.com/index.html.

Decision rationale: According to MTUS guidelines, Pulsed radiofrequency treatment not recommended. Pulsed radiofrequency treatment (PRF) has been investigated as a potentially less harmful alternative to radiofrequency (RF) thermal neurolytic destruction (thermocoagulation) in the management of certain chronic pain syndromes such as facet joint pain and trigeminal neuralgia. Pulsed radiofrequency treatment is considered investigational/not medically necessary for the treatment of chronic pain syndromes. (BlueCross, 2005) A decrease in pain was observed in patients with herniated disc and spinal stenosis, but not in those with failed back surgery syndrome. However, this option does not appear to be an ideal modality of treatment for lumbar radicular pain because neurodestructive methods for the treatment of neuropathic pain are in principle generally considered inappropriate. (Abejn, 2007) There is no documentation that the patient facets are the main pain generator. ODG guidelines do not recommend pulsed radiofrequency for chronic pain. Therefore, the request for Repeat intercostal nerve block at T6-T9 levels with fluoroscopy and pulsed radiofrequency is not medically necessary.