

Case Number:	CM15-0055061		
Date Assigned:	03/30/2015	Date of Injury:	05/20/2014
Decision Date:	05/04/2015	UR Denial Date:	02/23/2015
Priority:	Standard	Application Received:	03/23/2015

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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

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 41-year-old male with an industrial injury dated May 20, 2014. The injured worker diagnoses include thoracic myofascial strain and intercostal neuritis. He has been treated with diagnostic studies, prescribed medications, physical therapy and periodic follow up visits. According to the progress note dated 1/29/2015, the injured worker reported mid back pain with radiation to the torso bilaterally. Objective findings revealed diminished range of motion of the thoracic spine. The treating physician noted that the thoracic Magnetic Resonance Imaging (MRI) was negative. The treating physician prescribed services for neurosurgeon evaluation for thoracic spine and Intercostal nerve block now under review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurosurgeon evaluation for thoracic spine - one time: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174-175.

Decision rationale: This 41 year old male has complained of back pain since date of injury 5/20/14. He has been treated with physical therapy and medications. The current request is for a neurosurgeon consultation for an evaluation of the thoracic spine and possible intercostal nerve block. Per the MTUS guidelines cited above, invasive techniques (needle acupuncture and injection procedures such as injection of trigger points, facet joints or corticosteroids, lidocaine or opioids in the epidural space) have no proven benefit in treating neck and upper back symptoms and are not recommended. It follows that neurosurgeon consultation for performing an intercostal nerve block is also not indicated as medically necessary. Based on the available medical records and per the MTUS guidelines cited above, neurosurgeon evaluation for evaluation of thoracic spine injection is also not indicated as medically necessary.

Intercostal nerve block - one time: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174-175.

Decision rationale: This 41 year old male has complained of back pain since date of injury 5/20/14. He has been treated with physical therapy and medications. The current request is for an intercostal nerve block. Per the MTUS guidelines cited above, invasive techniques (needle acupuncture and injection procedures such as injection of trigger points, facet joints or corticosteroids, lidocaine or opioids in the epidural space) have no proven benefit in treating neck and upper back symptoms and are not recommended. Based on the available medical records and per the MTUS guidelines cited above, an intercostal nerve block is not indicated as medically necessary.