

<b>Case Number:</b>	CM15-0230462		
<b>Date Assigned:</b>	12/04/2015	<b>Date of Injury:</b>	04/05/1988
<b>Decision Date:</b>	01/14/2016	<b>UR Denial Date:</b>	11/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/23/2015

### 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: Texas, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented [REDACTED] beneficiary who has filed a claim for chronic neck, low back, upper back, and rib pain reportedly associated with an industrial injury of April 5, 1988. In a Utilization Review report dated November 6, 2015, the claims administrator failed to approve requests for an intercostal nerve block under anesthesia and a rib brace. An October 21, 2015 office visit was referenced in the determination. The applicant's attorney subsequently appealed. On an October 21, 2015 office visit, the applicant reported ongoing complaints of neck pain radiating to the right shoulder, right arm, and three digits of the right hand. The applicant also reported multifocal complaints which included shoulder, elbows, wrists, knees, and ankles. Numbness about both legs and both palms was reported. The applicant reported difficulty sleeping at night. The applicant was permanently disabled, the treating provider reported. The applicant's medication list included Nucynta, Valium, Neurontin, and Senna, the treating provider reported. The applicant was given diagnoses of degenerative disk disease of the cervical spine, upper back pain, degenerative disc disease of the lumbar spine, degenerative joint disease, and historical rib fractures. Tenderness over the left T7 rib was noted. An intercostal nerve block, a cardiothoracic surgery referral, and a chest brace were endorsed while the applicant was seemingly kept off of the work. The treating stated that a chest protector was needed on the grounds that the applicant had experienced severe pain with light contact of the left flank.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Intercostal nerve block left T7, T8, T9 under MAC anesthesia: 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).

**MAXIMUS guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Initial Care. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 3rd ed., Chronic Pain, pg. 850.

**Decision rationale:** No, the request for an intercostal nerve block targeting the T7, T8, T9 levels under monitored anesthesia care (MAC) was not medically necessary, medically appropriate, or indicated here. The MTUS Guideline in ACOEM Chapter 8, pages 174-175 notes that invasive techniques such as the intercostal nerve blocks in question have "no proven benefit" in the treatment of applicants with neck and upper back problems and, by analogy, the purported rib pain present here. The attending provider failed to furnish a clear or compelling rationale for pursuit of injection therapy in the face of the (a) unfavorable ACOEM position, and (b) in the face of the considerable lack of diagnostic clarity present here. The applicant was described as having multifocal pain generators to include the low back, right lower extremity, right shoulder, bilateral ribs, bilateral wrists, bilateral knees, and bilateral ankles, the treating provider reported on October 21, 2015, arguing against any bona fide intercostal rib-related pain for which the injection in question could have been considered. While the Third Edition ACOEM Guidelines Chronic Pain Chapter notes on page 850 that an intercostal nerve block can be employed to differentiate visceral pain from musculoskeletal pain, ACOEM qualifies its position by noting that there are no quality studies which demonstrate that intercostal nerve blocks are effective in the long-term management of chronic localized pain. Here, as noted previously, the attending provider failed to furnish a clear or compelling rationale for pursuit of this particular modality in the face of the tepid-to-unfavorable MTUS and ACOEM positions on the same and in the face of the considerable lack of diagnostic clarity present here. Therefore, the request was not medically necessary.

**Rib/chest protector brace: 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), Treatment Index, 11th Edition (web), updated 05/11/2015, low back, thoracolumbar fracture treatment.

**MAXIMUS guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Summary, Initial Care.

**Decision rationale:** Similarly, the request for a rib or chest protector brace was likewise not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 8, Table 8-8, page 181, usage of a cervical collar, and, by analogy, usage of the rib protector in question for more than 1 to 2 days is deemed "not recommended." The MTUS Guideline in ACOEM Chapter 8, page 175 further notes that immobilization via articles such as the rib protector in question are generally less effective than having applicants maintain their usual activities. Provision of a rib protector, thus, would likely have served to minimize rather than maximize the applicant's overall level of activity and was, thus, at odds with the

MTUS Guideline in ACOEM Chapter 8, page 175. Therefore, the request was not medically necessary.