

Case Number:	CM14-0182746		
Date Assigned:	11/07/2014	Date of Injury:	05/10/2013
Decision Date:	12/15/2014	UR Denial Date:	10/28/2014
Priority:	Standard	Application Received:	11/03/2014

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 and Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 44 year old with an injury date on 5/10/13. Patient complains of left approximate T6 pain in a belt-like distribution from left mid axillary line anteriorly, rated 5/10 per 10/20/14 report. Patient has a 2 hour sitting, 45 minute standing, and 1 hour walking tolerance, and his right-sided mid thoracic pain has completely resolved (allowing him to return to work full duty) per 10/20/14 report. Based on the 10/20/14 progress report provided by The treating physician the diagnoses are: 1. multilevel thoracic disc disease with sprain 2. L3 through S1 lumbar spondylosis and facet arthropathy with L4-5 disc extrusion and bilateral lower extremity radiculopathy 3. obesity, diabetes, hypertension, hyperlipidemia, non-occupational 4. thoracic myofascial pain with provided by the trigger points 5. left intercostal neuralgia Exam on 10/20/14 showed "The patient is tender over left T5 through T7 ribs at mid axillary line with concordant reproducible pain." Range of motion testing was not included in reports. Patient's treatment history includes psychological testing, home exercise program, medications (currently Pantoprazole, Cyclobenzaprine, discontinued Ketoprofen, Percocet, and Tramadol ER) which have been ineffective, and physical therapy which has been ineffective. The treating physician is requesting left T5, T6, and T7 intercostal nerve blocks. The utilization review determination being challenged is dated 10/28/14. The treating physician provided treatment reports from 5/23/14 to 10/20/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left T5, T6, and T7 Intercostal Nerve Blocks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 174. Decision based on Non-MTUS Citation Official Disability Guidelines: Facet Joint Injections, Thoracic

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Medical Policy, Policy number NMP47 <https://www.healthnet.com/.../IntercostalNerveBlockNeurolysis>

Decision rationale: This patient presents with resolved right-sided thoracic pain, and left T6 pain. The provider has asked for left T5, T6, and T7 intercostal nerve blocks on 10/20/14. Review of the reports does not show any evidence of intercostal nerve blocks being done in the past. MTUS, ACOEM, and ODG are silent regarding intercostal nerve blocks. Regarding peripheral nerve blocks, Aetna Policy Bulletin considers its usage medically necessary for the treatment of (i) acute pain, and (ii) for chronic pain only as part of an active component of a comprehensive pain management program. Aetna considers treatment of chronic pain post herniorrhaphy with a nerve block medically necessary to avoid more aggressive treatments, such as, surgery. Aetna considers intercostal and supra scapular nerve blocks, however, as experimental and investigational. In this case, the patient has failed conservative treatment which has included medications, physical therapy, and a home exercise program. The requested left T5, T6, and T7 intercostal nerve blocks, however, are not considered medically necessary treatment per Aetna Policy Bulletin. Therefore, this request is not medically necessary.