

Case Number:	CM14-0212819		
Date Assigned:	12/30/2014	Date of Injury:	01/22/2013
Decision Date:	02/27/2015	UR Denial Date:	11/17/2014
Priority:	Standard	Application Received:	12/19/2014

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. 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: California
Certification(s)/Specialty: Emergency 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:

Patient with reported date of injury on 1/22/2013. Mechanism of injury is from altercation with a suspect injuring L shoulder. Patient has a diagnosis of myofascial pain syndrome, L supra scapular neuralgia, L intercostal neuralgia, cervical pain and cervicothoracic ligamentous strain. Patient is post 2 left shoulder surgery last reported on 10/14/13. Medical reports reviewed. Last report available until 11/15/14. Patient complains of L shoulder and supra scapular pain radiating to L upper arm. Also has pain to L upper back over L medical scapular from T3-T5, worsening with movement. Objective exam reveals moderate tenderness to L upper back mostly to L rhomboid, levator scapular and trapezius. Multiple trigger points palpated. No motor or sensory deficits. Medications include motrin, norco and flector patch. Patient has undergone physical therapy and surgery. Independent Medical Review is for intercostal nerve block at left T3, T4 and T5. Prior Utilization Review on recommended 11/17/14 certified trigger point injections but recommended non-certification of intercostal blocks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Injection: intercostal nerve blocks at left T3, T4, T5: 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: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Injections with anesthetics and/or steroids

Decision rationale: MTUS Chronic pain and ACOEM Guidelines do have any sections that relate to this topic. As per Official Disability Guidelines there is also no specific guidelines with recommendation for intercostal nerve blocks not related to rib fractures or shingles. Therefore ODG recommends general recommendations concerning blocks/injections. Pain does not meet basic guidelines to recommend injection and the provider has not documented any objective findings consistent with thoracic wall/intercostal/rib neuralgia. A trigger point injection was also requested and approved with this request. 2 injections or blocks should not be done at the same time since this could lead to therapeutic and/or diagnostic confusion concerning which injection or block was the effective in pain relief. Due to lack of documentation to support intercostal neuralgia and already approved Trigger point injections; intercostal nerve blocks are not medically necessary.