

Case Number:	CM15-0014675		
Date Assigned:	02/02/2015	Date of Injury:	04/19/2013
Decision Date:	03/26/2015	UR Denial Date:	01/13/2015
Priority:	Standard	Application Received:	01/26/2015

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: California, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 37-year-old male who reported an injury on 04/19/2013. The mechanism of injury was not specifically stated. The current diagnoses include lumbar spondylosis, complete rupture of the rotator cuff, thoracic spondylosis without myelopathy, contracture of the tendon sheath, unspecified disorder of bursa and tendons in the shoulder region, other affections of the shoulder region, pain in the joint of the shoulder region, unspecified myalgia and myositis, other disorder of the coccyx, and intercostal neuritis. The injured worker presented on 12/29/2014 with complaints of neck and low back pain. Previous conservative treatment has included NSAIDs and physical therapy. The injured worker has also been treated with steroid joint injections. The current medication regimen includes Norco 10/325 mg, Ultram 50 mg, Cymbalta 60 mg, Neurontin 300 mg, and ibuprofen 800 mg. Upon examination, there was 45 degrees lumbar flexion, 10 degrees extension, 15 degrees right and left lateral flexion, 10 degrees right and left rotation, negative straight leg raising, positive Patrick's test, positive reverse Thomas test, 2+ deep tendon reflexes, and 5/5 motor strength. There was tenderness to palpation over the lumbar facet joints, as well. Recommendations included a refill of the current medication regimen and an intercostal nerve injection. A Request for Authorization form was then submitted on 01/07/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Intercostal Nerve Injection, unspecified site: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation ODG Pain - Injection with anaesthetics and/or steroids <http://www.ncbi.nlm.nih.gov/pubmed/2807052>(Continuous intercostal nerve block for chronic pain).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Injection with anaesthetics and/or steroids.

Decision rationale: The Official Disability Guidelines state pain injections in general should be consistent with the intent of relieving pain, improving function, decreasing medications, and encouraging a return to work. In this case, it is noted that the injured worker has failed to respond to conservative treatment including physical therapy and medication management. However, the current request for an intercostal injection of an unspecified site is not medically appropriate.