

Case Number:	CM13-0009851		
Date Assigned:	09/17/2013	Date of Injury:	04/16/2004
Decision Date:	01/06/2014	UR Denial Date:	08/01/2013
Priority:	Standard	Application Received:	08/12/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Medicine, 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 physician 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:

44 y/o female injured worker with a date of injury of 4/16/2004. She describes bilateral shoulder pain as well as bilateral arm pain and numbness in to the hands which she attributes to poor ergonomics, and neck pain while sleeping. 10/4 exam demonstrated no neurological deficits. 2004 EMG/NCS did demonstrate mild CTS but no cervical radiculopathy, and MRI C/S same year did not demonstrate neurological impingement. She has been treated with physical therapy and multiple medications, including Soma, lorazepam, oxycodone, hydrocodone, and tizanadine. This last medication she was advised to d/c due to concern for elevated LFTs. She was later treated with ACDF cervical fusion C4-C6, then later removal of hardware.

IMR ISSUES, DECISIONS AND RATIONALES

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

Unknown extracorporeal shock wave treatment for the cervical spine: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation State of Ohio and Washington WC guidelines..

Decision rationale: MTUS and ACOEM describe this modality for shoulder, plantar fasciitis, and elbow pain, but is silent on the indication for the neck, as is NIH PubMed. Above cited

reference notes: An assessment of extracorporeal shock wave therapy conducted by the Washington State Department of Labor and Industries (2003) concluded that "the evidence establishing the effectiveness [of ESWT] for musculoskeletal conditions remains inconclusive". An assessment prepared for the Ohio Bureau of Workers' Compensation (2005) concluded that "[s]tudies have not demonstrated consistent results or efficacy in the treatment of plantar fasciitis, epicondylitis, and noncalcific tendonitis of the shoulder. ESWT is considered unproven and investigational for these services." The assessment noted that although "[u]se of ESWT in the treatment of x-ray confirmed calcific tendonitis of the shoulder shows preliminary good results", that "[r]eplication of the results with additional studies would be beneficial prior to acceptance."

8 acupuncture sessions for the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Initial request was for 8 sessions. MTUS supports 6 sessions of acupuncture with requirement for re-assessment before additional sessions are authorized. UR physician authorized 6 sessions. These 6 sessions were indicated as MTUS supports acupuncture when medication is reduced or not tolerated, which is relevant in this case. However 8 sessions were not medically necessary.

Pro Stim 5.0 unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy Page(s): 114-117.

Decision rationale: MTUS is silent on this specific device. Galvanic stimulation and NMES are specifically not recommended by the MTUS. This device has the ability to function in a manner similar to a TENS unit, however I was not able to find any documentation of a TENS trial nor that the patient is in a functional restoration program. MTUS recommends against TENS or interferential current systems as isolated modalities.

Hydrocodone/Acetaminophen 10/325 #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates for neuropathic pain Page(s): 82.

Decision rationale: The MTUS has a detailed list of recommendations for initiation and continuation of opioids in the context of efficacy required to substantiate medical necessity, and these recommendations do not appear to have been addressed by the treating physician in the documentation available for review. To reach the MTUS definition of medical necessity for ongoing treatment in the context of safety, efforts to rule out aberrant behavior (ie CURES report, UDS, opiate agreement) and assure safe usage are needed. 2/13/13 UDS revealed metabolite of benzodiazapenes inconsistent with regimen prescribed. Subsequent efforts to rule out aberrant behavior are not documented.

Proteolin #60: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://umm.edu/health/medical/altmed/herb/turmeric> .

Decision rationale: Proteolin contains turmeric, which according to the University of Maryland School of Medicine publication above, causes risk in patients with history of ulcers; this patient has had a gastric bypass. MTUS, ACOEM, ODG, and PubMed are silent on Proteolin. Thus, it is not medically necessary as there is there is no specific indication beyond "inflammation" which is a diagnosis not specifically assigned to this patient.