

Case Number:	CM13-0037675		
Date Assigned:	12/18/2013	Date of Injury:	08/28/2009
Decision Date:	04/02/2014	UR Denial Date:	10/15/2013
Priority:	Standard	Application Received:	10/24/2013

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 Occupational 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:

Patient is a 46 year old female with date of injury of 08/28/2009. She has an extremely complex medical history with over 1100 pages of medical record to review. The mechanism of injury changes from one report to another, as do the diagnoses, but it appears that the multiple injuries are a result of cumulative trauma sustained as an assembly worker from May 16, 1997 to February 16, 2010. Excluding psychiatric diagnoses, a fairly complete list of diagnoses are the following: 1. cervical spine strain, 2. Thoracic spine strain, 3. Lumbar spine disc bulge, 4. Bilateral shoulder rotator cuff tear, 5. Bilateral elbow strain, 6. Right carpal tunnel syndrome, 7. Left wrist hand strain, 8. Bilateral knee strain, and 9. Bilateral ankle foot strain. On September 30, 2013, the patient underwent a comprehensive rheumatologic consultation and permanent and stationary evaluation. The rheumatologist's final diagnosis was fibromyalgia syndrome. The patient was found to be at the point of maximum medical improvement. The rheumatologist, in his future medical treatment recommendations, states that the patient should be treated in accordance with the European League against Rheumatism Guidelines and the California Medical Treatment Utilization Schedule. He recommends membership at a [REDACTED] or health club with access to aquatic exercises. He recommends Lyrica, Cymbalta, Savalla, or Neurontin, as well as nonnarcotic analgesics and occasional sleep aids. In addition, the rheumatologist recommends a TENS unit, massage, acupuncture etc. He makes it a point to mention education on the patient's condition is essential, referring to materials on fibromyalgia from the National Institute of Health or Arthritis Foundation. He does recommend rheumatologic follow-up every 2-3 months. In the primary treating physician's report of 10/03/2013, the patient reports pain in the neck, upper back, lower back, bilateral shoulders and arms, bilateral elbows and forearms, bilateral hands and wrists, bilateral lower extremities, including the bilateral ankles and feet. Physical exam essentially shows tenderness in all of the above areas. The above cited

rheumatologist's examination is notable for no deficits in motor, neurosensory, or range of motion. He too, however, found the patient to be tender in multiple areas.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar epidural steroid injection (LESI): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines epidural steroid injections (ESIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46.

Decision rationale: The patient is clearly not a candidate for lumbar epidural steroid injection. She has generalized joint pain at multiple joints, and while lumbar pain is one of her complaints, she has no radicular symptoms. She does not meet criteria for lumbar epidural steroid injection.

Hot/Cold contrast unit: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 299. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter, Cold/Heat packs

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back (Acute & Chronic), Cold Packs

Decision rationale: The MTUS states that insufficient testing exists to determine the effectiveness (if any) of heat/cold applications in treating mechanical neck disorders, though due to the relative ease and lack of adverse effects, local applications of cold packs may be applied during first few days of symptoms followed by applications of heat packs to suit patient. The patient has a chronic condition which is outside the time frame of the recommendation by the MTUS that recommends cold packs be applied during the first few days of the injury.

Contrast compression pads: 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), Knee and Leg, Continuous-Flow Cryotherapy; Neck and Upper Back Chapter, Continuous-flow cryotherapy

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg, Continuous-Flow Cryotherapy

Decision rationale: The system being requested for authorization when combined with the conductive garment, which is the next issue in dispute, is typically used in the immediate postoperative period for control of swelling and the prevention of deep venous thrombosis. An example of this system is the Kinex ThermoComp Device which "combines cold and compression therapies, contrast and compression therapy, and DVT prophylaxis compression therapy." " The device is intended to treat postoperative injuries in the home, to reduce edema and pain, to improve blood flow to the surgical site, and to provide DVT prophylaxis therapy for high-risk patients". The patient has not had surgery and she does not require DVT prophylaxis. Contrast compression pads are not medically necessary.

Conductive garment: 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), Knee and Leg, Continuous-Flow Cryotherapy; Neck and Upper Back Chapter, Continuous-flow cryotherapy

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg, Continuous-Flow Cryotherapy

Decision rationale: The system being requested for authorization when combined with the conductive garment, which is the next issue in dispute, is typically used in the immediate postoperative period for control of swelling and the prevention of deep venous thrombosis. An example of this system is the Kinex ThermoComp Device which "combines cold and compression therapies, contrast and compression therapy, and DVT prophylaxis compression therapy." " The device is intended to treat postoperative injuries in the home, to reduce edema and pain, to improve blood flow to the surgical site, and to provide DVT prophylaxis therapy for high-risk patients." The patient has not had surgery and she does not require postoperative control of swelling. A conductive garment is not medically necessary.

Pain Management follow-up: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 92, 127.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46.

Decision rationale: The patient has a rheumatologic condition, fibromyalgia syndrome, which is not treated with narcotics or injections. The patient has had previous treatment by pain management specialists with no change in her condition. Pain management follow-up is not medically necessary.

Rheumatology follow-up: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 92, 127.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 1-10. Decision based on Non-MTUS Citation Merck Manual, Fibromyalgia, 2010-2013 Merck Sharp & Dohme Corp

Decision rationale: According to the Merck Manual, fibromyalgia is a common non-articular disorder of unknown cause characterized by generalized aching (sometimes severe); widespread tenderness of muscles, areas around tendon insertions, and adjacent soft tissues; muscle stiffness; fatigue; and poor sleep. Diagnosis is clinical. Treatment consists of the following: -Stretching and aerobic exercise, local heat, and massage -Stress management -Tricyclic antidepressants or cyclobenzaprine to improve sleep -Non-opioid analgesics A rheumatologist is best suited to treat the chronic pain associated with fibromyalgia as their approach typically does not involve narcotic analgesics. In addition, the patient's Permanent and Stationary Report makes provision for rheumatology follow-up; no other specialists are mentioned or required. Rheumatology follow-up is authorized.

Orthopedic follow-up: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 92, 127.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 7, Independent Medical Examinations and Consultations, page(s) 127

Decision rationale: According to the MTUS, consultants are used to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinees fitness for return to work. A consultant is usually asked to act in an advisory capacity, but may sometimes take full responsibility for investigation and/or treatment of an examining or patient. This patient suffers from a myofascial pain syndrome. Orthopedists are typically not required for therapeutic management of fibromyalgia. Referral for orthopedic follow-up is not medically necessary.

Orthopedic surgeon follow-up: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 92, 127.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 7, Independent Medical Examinations and Consultations, page(s) 127

Decision rationale: This request is redundant and is the same request as the previous item. The terms orthopedist and orthopedic surgeon refer to the same specialist. My decision was explained in the above item. Referral for orthopedic surgery follow-up is not medically necessary.

IF Unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic), Interferential current stimulation (ICS)

Decision rationale: Not recommended as an isolated intervention. There is no quality evidence of effectiveness except in conjunction with recommended treatments, including return to work, exercise and medications, and limited evidence of improvement on those recommended treatments alone. The randomized trials that have evaluated the effectiveness of this treatment have included studies for back pain, jaw pain, soft tissue, shoulder pain, cervical neck pain and knee pain. There are no standardized protocols for the use of interferential therapy; and the therapy may vary according to the frequency of stimulation, the pulse duration, treatment time, and electrode-placement technique.