

Case Number:	CM13-0056829		
Date Assigned:	12/30/2013	Date of Injury:	11/05/2009
Decision Date:	04/01/2014	UR Denial Date:	10/29/2013
Priority:	Standard	Application Received:	11/23/2013

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 Physical Medicine and Rehabilitation, and is licensed to practice in Illinois and Texas. He/she has been in active clinical practice for more than five years and is currently working least at 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:

The patient is a 38-year-old female who reported injury on 09/26/2011. The mechanism of injury was noted to be the patient was stocking chemicals when she began to experience pain in the right upper extremity, neck, and shoulder. The documentation submitted for review indicated that the patient had cervical spine, lumbar spine, right shoulder, and bilateral wrist pain intermittently, but the lumbar spine and right shoulder pain was more often. Objectively, the patient had pain with lateral extension of the cervical spine. In the right shoulder, the patient had point tenderness over the AC joint and deltoid; and over the bilateral wrists, the patient had point tenderness and a positive Phalen's test. The patient's diagnoses were noted to be lumbar spine herniated nucleus pulposus, cervical spine sprain/strain, bilateral wrist tendonitis, and rule out carpal tunnel syndrome. There was a lack of a [REDACTED] Request for Authorization to support the requested medication and therapy. There was a lack of documentation of an accompanying note with support for the requested services. The request was made for Butrans 5 mcg and physical therapy x12 with a trial of H-wave.

IMR ISSUES, DECISIONS AND RATIONALES

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

Butrans 5mcg: 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 Medications for chronic pain, ongoing management Page(s): 60, 78.

Decision rationale: California MTUS Guidelines indicate that opiates are appropriate for the treatment of chronic pain. There should be documentation of an objective increase in function, decrease in the Visual Analog Scale score, and evidence that the patient is being monitored for aberrant drug behavior and side effects. There was a lack of documentation of all of the above as there was no documentation submitted to support the request. Additionally, the request as submitted failed to indicate a quantity of medication being requested. Given the above, the request for Butrans 5 mcg is not medically necessary.

Physical Therapy (PT) x 12 with trial of H-Wave: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine, h-wave Page(s): 98, 99, 117.

Decision rationale: California MTUS Guidelines indicate that physical medicine treatment is recommended with a maximum of 9 to 10 visits for myalgia and myositis, and 8 to 10 visits may be warranted for the treatment of neuralgia, neuritis, and radiculitis. There was a lack of an accompanying objective physical examination to support the patient had functional deficits and had a necessity for physical medicine. California MTUS Guidelines do not recommend H-wave stimulation as an isolated intervention; however, they do recommend a 1 month trial for neuropathic pain or chronic soft tissue inflammation if it is used as an adjunct to a program of evidence-based restoration and only following the failure of initially recommended conservative care, including recommended physical therapy and medications, plus transcutaneous electrical nerve stimulation. There was a lack of documentation indicating the patient met the above criteria. Additionally, the request as submitted failed to indicate the length of care for the trial of H-wave. There was a lack of documentation, per the submitted request, for the body part being treated with physical therapy. Given the above and the lack of documentation, the request for physical therapy (PT) x12 with trial of H-wave is not medically necessary.