MAXIMUS Federal Services

Case Number:	CM13-0066038		
Date Assigned:	01/03/2014	Date of Injury:	07/22/2000
Decision Date:	05/21/2014	UR Denial Date:	11/26/2013
Priority:	Standard	Application Received:	12/16/2013

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. The expert reviewer is Board Certified in Physical Medicne and Rehabilitation, has a subspecialty in Interventional Spine 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 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/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 55 year old male with date of injury 7/22/00. The treating physician report dated 10/16/13 indicates that the patient presents with continued numbness affecting the left fingers and vague pain on the distal aspect of the left hand with pain in the left forearm and arm with vague radiculopathy. The current diagnoses are, low back pain, right shoulder pain, right wrist and hand pain associated with tingling sensations, stiffness and limited motion, sleep interruption and difficulty falling asleep, and depression and anxiety. The utilization review report dated - 11/16/13 denied the request for 1 sleep specialist, paraffin bath rental and IF4 rental based on lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

REFERRAL TO A SLEEP SPECIALIST: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Polysomnography.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS/ACOEM Guidelines, 2nd Edition, Chapter 7, page 127

Decision rationale: The ACOEM guidelines on page 127 state that specialty referral is indicated to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. The patient presents with chronic pain affecting the lumbar spine, right shoulder, right arm, depression and insomnia. The current request is for a referral to a Sleep Specialist. The treating physician report dated 9/18/13 states, "An urgent request is being made for an intervention by a psychologist to evaluate the patient and to provide treatment aimed at improving sleep hygiene and sleep." The treating physician report of 10/16/13 report the recommendation from a 9/25/13 psychology report that states, "Recommendations: The patient will benefit from a consult with a Board Certified sleep specialist, 3 to 5 sessions of individual therapy and CBT, and evaluation for psychotropic medication." The current treating physician and the psychologist feel that additional expertise may be required. The request for a referral to a sleep specialist is medically necessary and appropriate.

RENTAL OF A PARAFFIN BATH UNIT: 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), Forearm, Wrist & Hand (Acute & Chronic)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), For Wrist and Hand Chapter.

Decision rationale: The Official Disability Guidelines (ODG) does recommend the usage of paraffin baths for patients with arthritic hands. The treating physician in this case has failed to document the length of time that the patient has been using a home paraffin bath unit and any functional improvement from the usage. The MTUS state, "The physician should periodically review the course of treatment of the patient and any new information about the etiology of the pain or the patient's state of health. Continuation or modification of pain management depends on the physician's evaluation of progress toward treatment objectives. If the patient's progress is unsatisfactory, the physician should assess the appropriateness of continued use of the current treatment plan and consider the use of other therapeutic modalities." The treating physician has also failed to specify duration of treatment for this request which is required for all prescriptions. There is also no clear diagnosis of arthritis of the hands. The request for a rental of a Paraffin bath unit is not medically necessary and appropriate.

RENTAL OF AN INTERFERENTIAL (IF) 4 UNIT: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (May 2009), Interferential Current Stimulation (ICS)..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy Page(s): 114-121.

Decision rationale: The MTUS Guidelines do recommend a one month trial rental for an IF unit for the treatment of pain ineffectively controlled with medications; history of substance abuse; post-operative pain; and unresponsive to conservative measures. However, after a one-month trial evidence of increased functional improvement, less reported pain and evidence of medication reduction" need to be documented. In this case, there is no documentation of any progress or response to the prior usage of the IF unit. The treating physician does not ask for a purchase but continued rental. MTUS guidelines page 8 states, "The physician should periodically review the course of treatment of the patient and any new information about the etiology of the pain or the patient's state of health. Continuation or modification of pain management depends on the physician's evaluation of progress toward treatment objectives. If the patient's progress is unsatisfactory, the physician should assess the appropriateness of continued use of the current treatment plan and consider the use of other therapeutic modalities." The treating physician has failed to provide any information that would support continued use/rental of the IF unit. The request for a rental of an interferential 4 unit is not medically necessary and appropriate.