MAXIMUS Federal Services

Case Number:	CM14-0101492		
Date Assigned:	07/30/2014	Date of Injury:	05/26/2010
Decision Date:	10/14/2014	UR Denial Date:	06/15/2014
Priority:	Standard	Application Received:	07/01/2014

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 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 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 applicant is a represented [redacted] employee who has filed a claim for elbow epicondylitis reportedly associated with cumulative trauma at work between the dates May 26, 2010 through May 26, 2011. In a Utilization Review Report dated June 15, 2014, the claims administrator denied a request for cervical epidural steroid injections, cervical traction device, and an H-Wave device. The claims administrator stated that the applicant had an unfavorable response to earlier cervical epidural steroid injection therapy. The applicant's attorney subsequently appealed. In a handwritten progress note dated March 17, 2014, the applicant reported persistent complaints of neck pain radiating into the bilateral upper extremities, 5/10. Shoulder and elbow pain were also appreciated on exam. A C5 through C7 cervical epidural steroid injection therapy/catheterization was sought. The applicant was reportedly returned to regular duty work and was described as working. It was not stated how many prior epidural blocks the applicant had had. In a handwritten progress note dated November 1, 2013, it was again suggested that the applicant was working regular duty. Ice, heating, and an H-Wave device were sought. It was again suggested that the applicant was working with limitations in place. The attending provider posited that ongoing usage of Norco had proven favorable and was ameliorating the applicant's ability to perform activities of daily living and household chores. Ongoing usage of Norco was diminishing the applicant's pain complaints from 8-9/10 without medications to 4/10 with medications. Motrin and Fexmid were likewise effective, the attending provider posited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Epidural Injections C5-C7 with Catheterization: Overturned

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 Epidural Steroid Injections Page(s): 46.

Decision rationale: The request in question represents a request for repeat block. As noted on page 46 of the MTUS Chronic Pain Medical Treatment Guidelines, repeat blocks should be predicated on evidence of lasting analgesia and functional improvement with earlier blocks. In this case, the applicant has reportedly achieved and maintained successful re return-to-work status following at least one prior epidural steroid injection in October 2013, it has been suggested. The applicant's successfully return to and maintenance of regular duty work status following the earlier epidural injection does constitute prima facie evidence of functional improvement as defined in MTUS 9792.20f following completion of the same. Therefore, the request for repeat epidural steroid injections at the levels in question is medically necessary.

1 Cervical Traction Unit: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173-174.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181,Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 8, Table 8-8, page 181, traction, the modality at issue, is deemed "not recommended." Page 98 of the MTUS Chronic Pain Medical Treatment Guidelines further notes, more generally, that passive modalities such as traction should be employed "sparingly" during the chronic pain phase of a claim. The request for purchase of the traction device, thus, runs counter to MTUS parameters and principles. Accordingly, the request is not medically necessary.

1 H-Wave Unit: 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 H-Wave Stimulation Page(s): 117.

Decision rationale: While page 117 of the MTUS Chronic Pain Medical Treatment Guidelines does tepidly support a one-month home based trial of an H-Wave device in applicants who have failed initially recommended conservative care, including physical therapy, home exercises, medications, and a conventional TENS device, in this case, however, the applicant's reportedly

successful response to multiple first-line oral pharmaceuticals, including Norco and Motrin, effectively obviates the need for the H-Wave stimulator device. Therefore, the request is not medically necessary.