

Case Number:	CM14-0165230		
Date Assigned:	10/10/2014	Date of Injury:	05/16/2011
Decision Date:	11/10/2014	UR Denial Date:	09/09/2014
Priority:	Standard	Application Received:	10/07/2014

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 injured worker is a 45 year old female with a date of injury on 5/16/2011. She complained of pain in the arms, neck, right side of the neck, shoulder, and fingers and thumb. She described the pain as achy, burning, deep, discomforting, numbness, shooting, throbbing, spasms and twitching. The pain was rated at 7/10 with medications and 9/10 without. On 03/24/14, a magnetic resonance imaging (MRI) of the right shoulder revealed 1.6 x 1.2 cm focus of hydroxyapatite deposition disease along the bursal fibers of the infraspinatus with associated minimal subacromial subdeltoid bursitis and tendinitis, supraspinatus tendinosis without tear, long head of biceps tendinosis with moderate grade intrasubstance tearing in the intra-articular portion, subscapularis tendinosis, and mild acromioclavicular osteoarthritis. She underwent left hand carpal tunnel syndrome (CTS) in 2007, right hand carpal tunnel syndrome (CTS) in 1988, gastric bypass in 2001, heel spur removal 2013, and tonsil removal 2005. She is allergic to gabapentin, naproxen, ibuprofen, duloxetine hydrochloride (HCL), zolpidem, and pregabalin. Current medications include baclofen, amitriptyline hydrochloride (HCL), Voltaren, oxycodone hydrochloride (HCL), nabumetone, alprazolam, and Benadryl. Previous treatment included stellate ganglion block and trigger point injections with benefit. He had two trigger point injections in 07/21/14 and 08/27/14. Symptoms are relieved by heat/ice, massage, over the counter (OTC) medication, pain medications, and physical therapy (PT). Diagnosis included arthroscopy converted to open procedure, myalgia and myositis, unspecified rotator cuff tear, bicipital tenosynovitis, depression/anxiety, reflex sympathetic dystrophy (RSD) upper extremity, chronic opioid analgesic therapy (COAT), chronic pain in joint involving hand, chronic pain in joint involving shoulder region, and chronic pain due to trauma. The request for trigger Point Injections >3 right upper arm and purchase of an H wave stimulator for multiple body parts were denied on 09/09/14 due to lack of medical necessity guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trigger Point Injections 3 to right upper arm: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger point injections Page(s): 122.

Decision rationale: According to California Medical Treatment Utilization Schedule (MTUS), trigger point injections with a local anesthetic may be recommended for the treatment of chronic low back or neck pain with myofascial pain syndrome when all of the following criteria are met:(1) Documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain; (2) Symptoms have persisted for more than three months; (3) Medical management therapies such as ongoing stretching exercises, physical therapy, non-steroidal anti-inflammatory drugs (NSAIDs) and muscle relaxants have failed to control pain. There are no detailed examination findings establishing active trigger points are present. The medical records do not document circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain. In addition, there is no indication that symptoms associated with trigger points have persisted for more than three months, and have not been response to medical therapies such as ongoing stretching exercises, physical therapy, judicious use of non-steroidal anti-inflammatory drugs (NSAIDs) and muscle relaxants. The medical records do not substantiate the injured worker has cervical region myofascial pain syndrome.

Purchase of an H-wave Stimulator for multiple body parts: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-wave stimulation (HWT).

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

Decision rationale: Per guidelines, H-Wave is not recommended as an isolated intervention, but one month home based trial of H-wave stimulation may be considered as an on invasive conservative option for diabetic neuropathic pain or chronic soft tissue inflammation if used as an adjunction program of evidence based functional restoration, and only following failure of initially recommended conservative care, including recommended physical therapy (i.e., exercise) and medications, plus transcutaneous electrical nerve stimulation (TENS unit). H-wave stimulation is a form of electrical stimulation that differs from other forms of electrical stimulation, such as a TENS, in terms of its wave form H-wave stimulation is sometimes used for the treatment of pain related to a variety of etiologies, such as relaxation of muscle spasms, increasing local blood circulation, muscle sprains, temporomandibular joint dysfunctions or

reflex sympathetic dystrophy. In fact, H-wave may be used more often for muscle spasm and acute pain as opposed to neuropathy or radicular pain, since there is anecdotal evidence that H-Wave stimulation helps to relax the muscles, but there are no published studies to support this use, so it is not recommended at this time. In this case, the medical records do not document the above guidelines being met. There is no evidence of diabetic neuropathic pain or chronic soft tissue inflammation with treatment of functional restoration, or only following failure of initially recommended conservative care, including recommended physical therapy, TENS or medications. H-wave had not allowed him to decrease or eliminate the amount of medication taken. Thus, the request is not considered medically necessary.