MAXIMUS Federal Services

Case Number:	CM14-0043472		
Date Assigned:	07/02/2014	Date of Injury:	07/14/2003
Decision Date:	09/09/2014	UR Denial Date:	03/28/2014
Priority:	Standard	Application Received:	04/10/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Florida. 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 chronic neck, low back, bilateral wrist, and thumb pain reportedly associated with cumulative trauma at work first claimed on July 14, 2003. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representations; transfer of care to and from various providers in various specialties; unspecified amounts of physical therapy; Botox injections; and extensive periods of time off of work. In a medical-legal evaluation of October 30, 2013, it was acknowledged that the applicant had not worked since September 2004. The medical-legal evaluator stated that he recommended that the applicant not return to her former employment at [redacted]. The applicant was apparently using a TENS unit, Ambien, Lyrica, and Cymbalta, along with several topical compounded medications. Myofascial pain syndrome, chronic neck pain, and chronic low back pain reportedly secondary to cumulative trauma at work were listed amongst the operating diagnoses. In a Utilization Review Report dated March 28, 2014, the claims administrator denied a request for an interferential unit with associated supplies and various thumb splints. The applicant's attorney subsequently appealed. In an earlier note dated July 9, 2013, the applicant was described as having persistent complaints of pain. The applicant stated that her interferential TENS unit was reportedly helpful. The applicant was nevertheless given refills of Ambien, Cymbalta, Lidoderm, Lyrica, Mobic, Prilosec, Norco, Provigil, ketamine cream, and ThermaCare patches. The applicant was described as permanent and stationary with permanent limitations in place A variety of hand splints were endorsed, reportedly for purported carpal tunnel syndrome. The applicant was described as previously using splints on August 28, 2012. The applicant was asked to become more proactive with her home exercise program at that point.

IMR ISSUES, DECISIONS AND RATIONALES

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

Interferential Unit Supplies for 3 months for cervical, lumbar and bilateral wrist: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): : 115-117.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation Page(s): 120.

Decision rationale: The applicant has already been using the interferential current stimulator device, it is incidentally noted. As noted on page 120 of the MTUS Chronic Pain Medical Treatment Guidelines, usage of an interferential stimulator beyond a one-month trial should be predicated on evidence of functional improvement, less reported pain, and evidence of medication reduction. In this case, however, none of the aforementioned criteria were met. The applicant had failed to demonstrate any lasting benefit or functional improvement as defined in MTUS 9792.20f. The applicant's work restrictions and work status are seemingly unchanged from visit to visit. The applicant has failed to return to work with permanent limitations in place. The applicant's dependence on medications appears to be unchanged. The applicant is using a variety of oral and topical medications, including Ambien, Cymbalta, Lidoderm, Mobic, Provigil, Norco, etc. All of the above, taken together, suggests that previous usage of the interferential current device has been unsuccessful. Therefore, the request is not medically necessary.

ComfortCool Thumb Restrictions #2: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): : 263-264.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 266.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 11, page 266, any splinting or limitations placed on hand, wrist, or forearm activities should not interfere with total body activity in a major way. ACOEM notes that maximizing activities is impaired if one's red flags have been ruled out. In this case, the applicant is several years removed from the date of her cumulative trauma claim for multifocal pain syndrome. Continued usage of a splint, as suggested as the attending provider, would only serve to minimize the applicant's performance of home exercises. This is inadvisable, per ACOEM. Therefore, the request is not medically necessary.

8- inch wrist and thumb splints #2: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): : 263-264.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 266.

Decision rationale: As noted in the MTUS-adoped ACOEM Guidelines in Chapter 11, page 266, careful advice regarding maximizing activities within the limit of symptoms is impaired if one's red flags have been ruled out. Continued splinting, at this point, several years removed from the date of injury, would, as suggested by the attending provider on one occasion, only serve to minimize the applicant's performance of home exercises. This is inadvisable per ACOEM. Therefore, the request is not medically necessary.