MAXIMUS Federal Services

Case Number:	CM14-0055256		
Date Assigned:	07/07/2014	Date of Injury:	11/22/2013
Decision Date:	08/07/2014	UR Denial Date:	04/11/2014
Priority:	Standard	Application Received:	04/24/2014

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 Physical Medicine and Rehabilitation, 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 28-year-old female, who reported an injury on 11/22/2013 from an unknown mechanism of injury. The injured worker had a history of neck, shoulder, and low back pain. Upon examination on 03/03/2014, the injured worker had radiating pain in the neck, and back. The shoulder pain was intermitted. The pain level was 7/10. The injured worker has diagnoses of lower back pain, cervical/neck pain, shoulder joint pain, lumbar retrolisthesis/ facet, thoracic sprain/strain, cervical degenerative disc disease, myofacial pain, right shoulder sprain/strain, and poor coping. The diagnostic studies were (EMG/NCV) for lower extremities (pending) and flexion/extension x-rays to rule out instability (pending). The surgeries were not provided. The procedures were not provided. The prior treatments included cognitive behavioral therapy, chiropractic treatment, and medications. Medications included naproxen 550mg, Cyclobenzaprine 7.5 mg, and trazodone 50 mg. The treatment request is for paraffin bath, trigger point injection, and lumbar spine x-ray. The request for authorization form and rationale for the request were not submitted within the documentation for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Paraffin bath: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, forearm, wrist & hand.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, wrist, and hand, Paraffin wax baths.

Decision rationale: The request for a paraffin bath is not medically necessary. The injured worker has a history of neck, right shoulder, and low back pain. The California Treatment Utilization Schedule (MTUS)/American College of Occupational and Environmental Medicine (ACOEM) do not address paraffin baths. The Official Disability Guidelines indicate paraffin baths may be appropriate for patients with arthritic hands when used in conjunction with conservative care. There is no documentation of the injured worker having arthritic hands. There is not enough documentation for the medical necessity for a paraffin bath as the injured worker is not noted to have arthritic hands. Also, the number of treatments and areas of the body to be treated were not provided within the request. Therefore, the request for a paraffin bath is not medically necessary.

Trigger point injection: 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: The request for trigger point injections is not medically necessary. The injured worker has a history of pain to the right shoulder and low back pain. The California Medical Treatment Utilization Schedule Guidelines state that trigger point injections are to be used for patients with myofascial pain syndrome. The guidelines also state trigger point injections should not be considered unless there is a twitch response upon palpation of a trigger point, and if radiculopathy is not present. The guidelines indicate repeat injections if there is greater than 50% pain relief for at least 6 weeks. There was documentation that the injured worker has received trigger point injections prior with no results mentioned. There is not enough documentation for a twitch response during an examination. The guidelines suggest trigger point injections if there was a 50% or greater relief from pain. However, the documentation indicates the injured worker continues to have pain of a level 7/10. Therefore, the request for trigger point injections is not medically necessary

Lumbar spine x-ray: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: The request for a lumbar spine x-ray is not medically necessary. The injured worker has a history of right shoulder pain, lower back pain, and neck pain. According to American College of Occupational and Environmental Medicine (ACOEM) guidelines (cite this as CA MTUS/ACOEM) lumbar spine x-rays should not be considered in the absence of red flag conditions. The guidelines indicate that even if pain has persisted for 6 weeks or more, x-rays should not be an option unless there are symptoms of serious spinal pathology, even if the pain has persisted for at least six weeks. The documentation indicated the injured worker had low back pain. However, the documentation did not demonstrate evidence or suspicion consistent with serious spinal pathology that would support the necessity of the requested x-ray. Therefore, lumbar spine x-ray is not medically necessary.