

Case Number:	CM14-0187676		
Date Assigned:	11/17/2014	Date of Injury:	07/23/2007
Decision Date:	01/06/2015	UR Denial Date:	10/06/2014
Priority:	Standard	Application Received:	11/11/2014

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, has a subspecialty in Pain 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:

This case involves a 68 year old female who reported continued chronic pain in her neck, back and bilateral wrists/hands following a work related injury that occurred on 7/23/2007. Complaints include painful, and restricted, bilateral shoulder, cervical and lumbar spine range of motion (ROM), decreased sensation and weakness in the lower extremities, bilateral hand and wrist pain, ear pain, daily headaches and infrequent lightheadedness. Diagnoses include carpal tunnel syndrome of both wrists and hands; cervical spine sprain/strain with herniated cervical disc and radiculopathy; lumbar spine strain/sprain with herniated lumbar disc with spondylolisthesis at lumbar (L) 4-L5; right and left shoulder strain/sprain (and left shoulder with tendinitis impingement); fibromyalgia; and anxiety, depression, insomnia and elevated blood pressure. Additional dental diagnoses, on 9/29/2014, include industrially related xerostomia and related bruxism. Conservative treatments have included multiple discipline consultations; x-rays; multiple MRI studies and other diagnostic studies; nerve conduction studies and electromyogram of the upper and lower extremities; an interferential unit; physical and aquatic therapies; wheelchair and wrist/arm braces; home health care and medical transportation; and medication management. Progress Notes, dated 4/23/2014 and 5/14/2014, note no significant change in complaints except to add gastritis, secondary to medications. There was also no significant change in the objective assessment findings that included nuchal scalp tenderness, intact mental status and cranial nerves, restricted and painful ROM in the cervical spine with palpable spasms, elevated blood pressure, the use of a walker, a slow gait with poor heel to toe walking, some decrease in muscle strength of all extremities, without atrophy or fasciculation's, and with some slow or missing deep tendon reflexes. Treatment included Hydrocodone/APAP 2.5/325mg, #60 every 6 hours as needed for pain from her headaches, along with Cyclobenzaprine 7.5mg, #60, 1 tablet each day for the cervicogenic headaches, and Ondansetron 4mg, #30, daily as needed for

nausea caused by the medications. It was noted the injured worker was still not working and was probably approaching a level of maximum medical improvement from a neurological perspective; the IW had already been declared permanent and stationary on 4/2/2014. On 10/3/2014, Utilization Review (UR) non-certified, as not medically necessary, the request, for a home pain relief, a Paraffin bath for the bilateral wrist and hand. The UR stated that there was no diagnosis of the IW having arthritic hands, which would meet the recommendations, set forth by the Official Disability Guidelines (ODG), and that no statement was found to support the treating providers thought process in requesting the home use Paraffin bath. The treating physician's progress notes of 9/22/2014 requesting the home Paraffin bath, stated to have been reviewed in the UR decision of 10/3/2014, were not available for my review. However, the treating physician's progress notes following this decision, dated 10/20/2014, show no significant change in the injured worker's complaints, no significant change in the objective assessment findings, and no changes in current medications. It is noted that there was an improvement in the Epworth Sleepiness Scale study repeated at that visit. No new diagnoses are noted and there is no noted mention of a home use Paraffin bath for pain relief.

IMR ISSUES, DECISIONS AND RATIONALES

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

Paraffin bath for home use: 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, and 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 Chapter, Paraffin Wax Baths

Decision rationale: Regarding the request for paraffin bath, California MTUS does not address the issue. Official Disability Guidelines (ODG) cites that paraffin wax baths are recommended as an option for arthritic hands if used as an adjunct to a program of evidence-based conservative care (exercise). Within the documentation available for review, there is no documentation of arthritic hands and adjunctive treatment with exercise. In the absence of the above documentation, the currently requested paraffin bath is not medically necessary.