

Case Number:	CM15-0162032		
Date Assigned:	08/28/2015	Date of Injury:	05/17/2014
Decision Date:	10/05/2015	UR Denial Date:	07/29/2015
Priority:	Standard	Application Received:	08/18/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 29 year old female, who sustained an industrial injury on 5-17-2014. The mechanism of injury occurred when a large client fell from a Hoyer lift. The injured worker was diagnosed as having cervicalgia, cervical sprain/strain, cervical radiculitis and right shoulder impingement syndrome. There is no record of a recent diagnostic study. Treatment to date has included home exercise program, TENS (transcutaneous electrical nerve stimulation) and medication management. In a progress note dated 7-22-2015, the injured worker complains of thoracic pain rated 6-7 out of 10, cervical pain rated 5-6 out of 10 radiating to the right upper extremity and right shoulder pain rated 5-6 out of 10. Physical examination showed right paracervical and trapezial tenderness and right shoulder tenderness with positive impingement sign. The treating physician is requesting paraffin bath trial and a sleep evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Paraffin Bath Trial: 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).

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 Hand (Acute & Chronic) chapter under Paraffin Wax baths.

Decision rationale: The patient presents on 07/22/15 with cervical pain rated 5-6/10 which radiates into the right upper extremity/hand, right shoulder pain rated 5-6/10 with associated weakness in the joint, and thoracic spine pain rated 6-7/10 which radiates into the lower back and lower extremities. The patient's date of injury is 05/17/14. Patient has no documented surgical history directed at these complaints. The request is for Paraffin Bath Trial. The RFA is dated 07/22/15. Physical examination dated 07/22/15 reveals tenderness to palpation of the cervical paraspinal musculature, right trapezius, and right scapula, with positive impingement test and Yergason's tests noted in the RUE. The patient is currently prescribed Ibuprofen, Albuterol, and an unspecified sleeping pill. Patient is currently not working. ODG guidelines, Forearm, Wrist Hand (Acute & Chronic) chapter under Paraffin Wax baths states: Recommended as an option for arthritic hands if used as an adjunct to a program of evidence-based conservative care (exercise). According to a Cochrane review, paraffin wax baths combined with exercise can be recommended for beneficial short-term effects for arthritic hands. In regard to the request for a paraffin wax bath trial, this patient does not meet guideline criteria for such a treatment. This patient presents with chronic right shoulder and thoracic pain secondary to sprain/strain, and does not present with complaints or symptoms indicative of arthritis or rheumatism in the hands. Without complaints or physical examination findings suggestive of hand arthritis, or a formal diagnosis of arthritis, the requested Paraffin bath trial cannot be substantiated. Therefore, the request is not medically necessary.

Sleep Evaluation: 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).

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

Decision rationale: The patient presents on 07/22/15 with cervical pain rated 5-6/10 which radiates into the right upper extremity/hand, right shoulder pain rated 5-6/10 with associated weakness in the joint, and thoracic spine pain rated 6-7/10 which radiates into the lower back and lower extremities. The patient's date of injury is 05/17/14. Patient has no documented surgical history directed at these complaints. The request is for Sleep Evaluation. The RFA is dated 07/22/15. Physical examination dated 07/22/15 reveals tenderness to palpation of the cervical paraspinal musculature, right trapezius, and right scapula, with positive impingement test and Yergason's tests noted in the RUE. The patient is currently prescribed Ibuprofen, Albuterol, and an unspecified sleeping pill. Patient is currently not working. Official disability guidelines, Pain chapter, under Polysomnography, lists the following criteria: Recommended for the combination of indications listed below: (1) Excessive daytime somnolence; (2) Cataplexy (muscular weakness usually brought on by excitement or emotion, virtually unique to narcolepsy); (3) Morning headache (other causes have been ruled out); (4) Intellectual

deterioration (sudden, without suspicion of organic dementia); (5) Personality change (not secondary to medication, cerebral mass or known psychiatric problems); & (6) Insomnia complaint for at least six months (at least four nights of the week), unresponsive to behavior intervention and sedative/sleep- promoting medications and psychiatric etiology has been excluded. A sleep study for the sole complaint of snoring, without one of the above mentioned symptoms, is not recommended. Regarding the sleep study, the requesting physician has not provided a reason for the request. Addressing the criteria for sleep studies, this patient does not present with excessive daytime somnolence, cataplexy, mental deterioration, or personality changes. There is evidence of depression and insomnia secondary to pain, but no indication that this patient suffers from any obstructive apnea or snoring. In this case, the patient does not satisfy guideline criteria for such a study. Therefore, this request is not medically necessary.