

Case Number:	CM15-0083640		
Date Assigned:	05/05/2015	Date of Injury:	02/23/2000
Decision Date:	07/03/2015	UR Denial Date:	04/15/2015
Priority:	Standard	Application Received:	05/01/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 47-year-old who has filed a claim for chronic low back, knee, and neck pain reportedly associated with an industrial injury of February 23, 2000. In a Utilization Review report dated April 15, 2015, the claims administrator failed to approve requests for a cane, wrist splint, interferential unit, and lumbar facet blocks. The claims administrator referenced a RFA form received on April 18, 2015 and an associated progress note of March 10, 2015 in its determination. The applicant's attorney subsequently appealed. On January 13, 2015, the applicant reported multifocal complaints of neck, low back, and knee pain, 7/10 with medications versus 9/10 without medications. The applicant was using a knee brace. The applicant stated that his knee gave out on him periodically. The applicant had undergone a left carpal tunnel release surgery and an earlier left knee arthroscopy. A new lumbar support, a new cane, and a new wrist splint were all endorsed. The applicant was asked to continue interferential unit. The applicant exhibited positive Tinel and Phalen signs about the wrist. It was suggested that the applicant had residuals of the failed carpal tunnel release procedure. On March 12, 2015, the applicant received refills of Norco, OxyContin, and Prilosec. The applicant was asked to continue additional physical therapy. On March 10, 2015, the applicant reported multifocal complaints of low back, neck, and wrist pain, 7-9/10. The applicant reported numbness about the hands. Positive McMurray maneuver was noted about the left knee. Positive Tinel and Phalen sign was noted about the left wrist. The applicant had undergone an earlier failed lumbar fusion surgery, it was acknowledged. The applicant did exhibit positive straight leg raising about the low back on exam. Lumbar facet blocks, a new lumbar corset, and

continued usage of an interferential unit were proposed. Permanent work restrictions were renewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Cane: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines -Knee and Leg.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Power mobility devices (PMDs) Page(s): 99.

Decision rationale: Yes, the request for a cane was medically necessary, medically appropriate, and indicated here. As noted on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines, power mobility devices are not recommended if an applicant's functional mobility deficit can be sufficiently resolved through usage of a cane or walker. Here, the applicant was described as having issues with gait derangement including giving way of the knee, on a progress note of January 13, 2015. Introduction of a cane, thus, was indicated to ameliorate the applicant's issues with gait derangement and/or allegations of the applicant's knee giving way, as suggested on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was medically necessary.

1 Left wrist splint: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 264-265, 270. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Carpal Tunnel Syndrome (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 272.

Decision rationale: Similarly, the request for a wrist splint was likewise medically necessary, medically appropriate, and indicated here. As noted in the MTUS Guideline in ACOEM Chapter 11, Table 11-7, page 272, splinting is recommended as a first-line conservative treatment for carpal tunnel syndrome, as was/is present here. Here, the attending provider maintained that the applicant had residual symptoms of upper extremity paresthesias following an earlier failed carpal tunnel release surgery. The attending provider maintained that the applicant had residuals of the failed carpal tunnel release surgery. Introduction of a wrist splint was, thus, indicated to attenuate the applicant's residual upper extremity paresthesias. Therefore, the request was medically necessary.

1 IF unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS).

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

Decision rationale: Similarly, the request for continued usage of an interferential unit was not medically necessary, medically appropriate, or indicated here. Here, the applicant was described as having used an interferential unit for seemingly protracted amount of time. The applicant was using interferential unit as early as progress notes of October 2, 2014 and November 20, 2014. However, page 120 of the MTUS Chronic Pain Medical Treatment Guidelines notes that usage of an interferential unit beyond an initial one-month trial should be predicated on evidence of increased functional improvement, less reported pain, and evidence of medication reduction. Here, however, the applicant did not appear to be working. Permanent work restrictions were renewed, unchanged, from visit to visit, despite ongoing usage of the interferential stimulator device. The applicant was still using OxyContin and Norco as of a progress note dated March 12, 2015. Ongoing usage of the interferential unit, in short, failed to generate evidence of increased functional improvement, less reported pain, and/or evidence of medication reduction. Therefore, the request was not medically necessary.

1 Lumbar facet blocks: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back - Lumbar & Thoracic (Acute & chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

Decision rationale: Finally, the request for lumbar facet blocks was likewise not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 12, Table 12-8, page 309, facet joint injections, i.e., the article at issue, are deemed not recommended in the evaluation and management of applicant's low back pain complaints, as were/are present here. It is further noted that the applicant's primary pain generator appeared to be residual lumbar radiculopathy status post earlier failed lumbar spine surgery as opposed to bona fide discogenic facetogenic low back pain for which the facet joint injections in question could have been considered. The request, thus, was not indicated both owing to: (a) the unfavorable ACOEM position on the article at issue and; (b) the lack of bona fide facetogenic or discogenic low back pain. Therefore, the request was not medically necessary.