MAXIMUS Federal Services

Case Number:	CM15-0085061		
Date Assigned:	05/07/2015	Date of Injury:	10/18/2009
Decision Date:	06/08/2015	UR Denial Date:	04/17/2015
Priority:	Standard	Application Received:	05/04/2015

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 38 year old, female who sustained a work related injury on 10/18/09. The diagnoses have included brachial neuritis/radiculitis, cervical spinal stenosis, status post cervical spine surgery, and depressive disorder. The treatments have included a home exercise program, oral medications, Voltaren gel, cervical spine surgery, TENS unit therapy, H-wave therapy and physical therapy. In the PR-2 dated 4/6/15, the injured worker complains of pain. She states she is able to eliminate need for medications with using the H-wave therapy. She has been able to perform activities and has greater overall function due to the H-wave therapy. She has had a 70% reduction in pain with the H-wave therapy. The treatment plan includes a request for home purchase of the H-wave unit. In the PR-2 dated 12/1/14, the injured worker complains of ongoing neck pain with numbness radiating down the left arm. She has tenderness to palpation of the left intrascapular space. The treatment plan includes a request for diagnostic facet blocks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of home h-wave device: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy, H-Wave Stimulation, pages 115-118.

Decision rationale: The MTUS guidelines recommend a one-month HWT rental trial to be appropriate to permit the physician and provider licensed to provide physical therapy to study the effects and benefits, and it should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) as to how often the unit was used, as well as outcomes in terms of pain relief and function not documented here. The provider noted the patient has undergone an H-wave trial use since TENS failed; however, reports are without specifics of failed attempt. There is no consistent pain relief in terms of decreasing medication dosing nor is there clear specific objective functional improvement in ADLs demonstrated from the previous H-wave unit trial. The patient still exhibited persistent subjective pain complaints and unchanged clinical findings for this chronic injury. It does not appear the patient is participating in an active home program or formal therapy for adjunctive exercise towards a functional restoration approach. There are no limitations in ADL, or failed attempts with previous conservative therapy treatments to support for the H-wave unit, not recommended as a first-line approach. There is no change in functional status or functional improvement demonstrated to support for the purchase of this unit. The Purchase of home h-wave device is not medically necessary and appropriate.

EMG/NCS of bilateral upper extremities to rule out radiculopathy vs ulnar nerve entrapment vs carpal tunnel syndrome: 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: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178, Special Studies and Diagnostic and Treatment Considerations.

Decision rationale: The patient has already had confirmed evidence for radiculopathy and is s/p cervical surgical intervention. Per MTUS Guidelines, without specific change in symptoms or neurological compromise consistent with radiculopathy, foraminal or spinal stenosis, or entrapment syndrome, medical necessity for EMG and NCV have not been established. Submitted reports have demonstrated continued chronic cervical radiculopathy post surgery without any new acute symptoms or clinical findings to suggest entrapment syndrome, only with continued diffuse pain, muscle weakness, and decreased sensation without specific consistent myotomal or dermatomal correlation to support for the electrodiagnostics when previously already confirmed. The EMG/NCS of bilateral upper extremities to rule out radiculopathy vs ulnar nerve entrapment vs carpal tunnel syndrome is not medically necessary and appropriate.

Diagnostic facet block on the left at C7-T1: 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: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174.

Decision rationale: MTUS Guidelines clearly do not support facet blocks for acute, subacute, or chronic cervical pain or for any radicular pain syndrome and note there is only moderate evidence that intra-articular facet injections are beneficial for short-term improvement and limited for long-term improvement. Conclusions drawn were that intra-articular steroid injections of the facets have very little efficacy in patients and needs additional studies. The patient exhibits chronic symptoms of radiculopathy, clinical findings along with MRI findings with stenosis. Submitted reports have no indication for failed conservative trial for diagnoses of s/p cervical spine surgery. Criteria per Guidelines have not been met. The Diagnostic facet block on the left at C7-T1 is not medically necessary and appropriate.