MAXIMUS Federal Services

Case Number:	CM14-0173387		
Date Assigned:	10/24/2014	Date of Injury:	07/01/2009
Decision Date:	12/03/2014	UR Denial Date:	09/22/2014
Priority:	Standard	Application Received:	10/20/2014

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 Family 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 58-year-old packer reported injuries to her neck, back, shoulders, arms, hands and legs due to twisting and pulling on a stuck pallet which weighed about 30 lbs, on 7/1/09. She has not worked since the date of injury. Treatment has included a 3-level cervical discectomy and fusion on 5/31/12, and multiple medications, primarily opioids. Past medical history is notable for diabetes. Her first visit with her current primary treater occurred on 6/13/14. He performed a limited physical examination which was notable for decreased sensation in the ring and little fingers bilaterally. He diagnosed C7 radiculopathy, cervical myofasciitis, and diabetes. He administered a Toradol injection, advised the patient to discontinue Butrans and Subsys, and had her start transdermal fentanyl and Percocet. He noted that the patient is considering proceeding with spinal cord stimulator implantation. At a follow-up visit on 9/22/14, the primary treater noted that the patient's pain was unchanged, and that Percocet sometimes makes her dizzy. The only objective finding recorded is bilateral positive Tinel's and Phalen's at the wrists. Thirteen diagnoses were listed which included cervical radiculopathy, gastrointestinal symptomatology, opioid-induced endocrinopathy, severe mood disorder, anxiety/depression, dizziness with frequent headaches, worsening diabetes, gastrointestinal upset, bilateral shoulder injury, right ulnar neuropathy, bilateral thoracic outlet syndrome, worse on the left. The treatment plan included administering a Toradol injection, continuing opioid therapy with Fentanyl patches and Percocet (with reduced Percocet dosing), increasing gabapentin, and continuing Cymbalta. A urine drug screen was performed at this visit which listed the patient's prescribed medications as including gabapentin, oxymorphone (Opana), oxycodone, and fentanyl. Apparently a request for authorization for bilateral wrist splints and for a 5-month rental of a Solace Multi Stim Unit was made on 7/11/14, neither the request nor the accompanying progress note is included in the records available to me. According to the 9/22/14 UR report, multiple upper extremity

neurodiagnostic tests have been performed on this patient, but the results are not noted in the report. According to the same UR report, no wrist exam was documented at the 7/11/14 visit. The wrist splints and the Solace unit were non-certified in UR on 9/22/14. A request for IMR regarding these non-certifications states that the pertinent diagnosis is "brachial neuritis not otherwise specified".

IMR ISSUES, DECISIONS AND RATIONALES

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

1 pair of universal wrist brace for purchase: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment for Workers' Compensation, Online Edition Carpal Tunnel Syndrome Chapter

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 264,266,and 272.

Decision rationale: According to the ACOEM guideline cited above, initial treatment of carpal tunnel syndrome should include night splints, with consideration of daytime splinting for comfort. Wrist splinting should not interfere with total body activity in a major way. Prolonged splint use can lead to weakness and stiffness. The clinical documentation in this case does not support the provision of bilateral wrist splints to this patient. It is not clear whether or not this patient has a diagnosis that might benefit from wrist splinting. The available documentation contains occasional diagnoses of bilateral carpal tunnel syndrome, which might benefit from splinting, but the most recent progress note does not list it among the diagnoses despite a finding of bilateral positive Tinel's and Phalen's on wrist exam. The documented diagnosis for the IMR request (bilateral brachial neuritis) would not benefit from wrist splints. The documented exam of the wrists on 6/13/14 notes decreased sensation in an ulnar distribution in both hands. This is not consistent with carpal tunnel syndrome, and would not benefit from splinting. Although neurodiagnostic testing has apparently been performed, no results are available. The requesting provider has not documented when the splints are to be used, and has documented no rationale for their use. Based on the ACOEM guideline above and the clinical records made available to me, one pair of universal wrist splints is not medically necessary for this patient. Wrist splints are not medically necessary because there is no documentation as to what diagnosis they are being provided for, and no documentation of how and when they are to be used.

5 month rental of Solace Multi Stim Unit with supplies: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy,Interferential Current Stimulation, and Neuromuscular electrical s.

Decision rationale: The treating provider is requesting a 5-month rental of a Solace Multi Stim unit. He does not describe what the components of the unit are. Multi-stim units usually include transcutaneous electric nerve stimulation (TENS), interferential current stimulation (ICS) and neuromuscular electrical stimulation (NMES). According to the MTUS citations above, TENS is not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration, for the conditions described below. Recommended for neuropathic pain, CRPS II, CRPS I, spasticity in spinal cord injury, MS patients with pain and muscle spasm. Criteria for use: Pain of at least three months durationEvidence that other appropriate pain modalities have been tried (including medication) and failedA one-month trial period should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) with documentation of how often the unit was used, pain relief and function; rental preferred over purchase during this trial- Other ongoing pain treatment should be documented during the trial period, including medication usage- Specific short- and long-term goals of treatment with the TENS unit should be submitted.There is no quality evidence of effectiveness of ICS except in conjunction with recommended treatments, including return to work, exercise and medications, and limited evidence of improvement on those recommended treatments alone. While not recommended as an isolated intervention, Patient selection criteria if Interferential stimulation is to be used anyway: Possibly appropriate for the following conditions if it has documented and proven to be effective as directed or applied by the physician or a provider licensed to provide physical medicine:- Pain is ineffectively controlled due to diminished effectiveness of medications, or- Pain is ineffectively controlled with medications due to side effects; or- History of substance abuse; or- Significant pain from postoperative conditions limits the ability to perform exercise programs/physical therapy treatment; or- Unresponsive to conservative measures (e.g., repositioning, heat/ice, etc.).If those criteria are met, then a one-month trial may be appropriate to permit the physician and physical medicine provider to study the effects and benefits. There should be evidence of increased functional improvement; less reported pain and evidence of medication reduction. A "jacket" should not be certified until after the one-month trial and only with documentation that the individual cannot apply the stimulation pads alone or with the help of another available person.NMES devices are not recommended for chronic pain. NMES is used primarily as part of a rehabilitation program following stroke and there is no evidence to support its use in chronic pain.The clinical documentation in this case does not support the provision of a multi-stim unit with TENS, ICS and NMES. The patient is not involved in an evidence-based program of functional restoration. She is totally disabled, and has been so for years. No appropriate one-month trial of either TENS or ICS is documented. The patient is not participating in stroke rehabilitation and NMES is therefore not indicated. Based on the MTUS citations above and the clinical records provided for my review, a 5-month rental of a Solace Multi Stim unit with supplies is not medically necessary. It is not medically necessary because the provider has not provided any information about its individual components, and because criteria for use of 2 of the most likely components of TENS and ICS have not been met, and the third likely component is not indicated.