

Case Number:	CM14-0178628		
Date Assigned:	11/03/2014	Date of Injury:	05/02/2013
Decision Date:	12/08/2014	UR Denial Date:	10/17/2014
Priority:	Standard	Application Received:	10/28/2014

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 Internal 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:

The injured worker (IW) is a 53-year-old man with an accepted claim of an injury secondary to his employment with the [REDACTED] from May 2, 2013. The injuries sustained were not documented in the medical record. The mechanism of injury was not documented in the medical record. Pursuant to the progress not dated August 6, 2014, the documentation indicated that the IW complains of pain and exhibits impaired activities of daily living. The location of the pain is not documented in the record. There were no objective findings. The IW was diagnosed with chronic sprain/strain of the cervicothoracic spine and associated musculoligamentous structures, consider cervical disc intraspinal surgery; bilateral shoulder tendinitis with mild impingement signs; chronic sprain/strain of the lumbosacral spine and associated musculoligamentous structures; bilateral shoulder pain; abnormal MRI of the cervical spine, 5 mm disc herniation at C5-C6, abnormal MRI of the lumbar spine with a 2-3 mm either pseudo or true retrolisthesis; L4-L5 with a 3-4 mm disc bulge; 4-5 mm disc bulge at L4-L5; 4 mm disc bulge at L5-S1; facet arthropathy, L3-L4 and L4-L5 compromising existing nerve roots; muscle contracture and headaches; and asymmetrical hearing nerve loss worse on the left secondary to industrial injury. The IW was not taking any medications. Prior H-Wave stimulation was documented. The IW reports 50% improvement. There was no objective documentation regarding functional improvement after using the H-Wave stimulator. Treatment plan recommends the purchase of H-Wave device and system to be used two times per day for 30 to 60 minutes per treatment as needed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Treatment for Orthopedic Pain: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

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, Office Visits.

Decision rationale: Pursuant to the Official Disability Guidelines, office visits to address treatment for orthopedic pain is not medically necessary. Office visits are recommended as determined to be medically necessary. They play a critical role in the proper diagnosis and return to function of an injured worker and should be encouraged. The need for clinical office visit with a healthcare provider is individualized based on a review of patient concerns, signs and symptoms, clinical stability and reasonable physician judgment. The determination is also based on what medications the patient is taking, since the medication such as opiates requires close monitoring. In this case, the injured worker is being treated for chronic sprains and strains of the cervical thoracic spine and associated musculoligamentous structures, bilateral shoulder tendinitis with impingement signs and chronic sprain strain of the lumbosacral spine. In this case, the injured worker is not taking any medications. There are no nonsteroidal anti-inflammatory drugs or opiates on board. The injured worker had a one month trial with the H wave stimulator. The record indicates some degree of subjective improvement there is no functional objectives documentation in the medical record warranting continued orthopedic pain treatment. Consequently, orthopedic pain management is not medically necessary. Based on clinical information in the medical record in the peer-reviewed evidence-based guidelines, treatment for orthopedic pain is not medically necessary.

Treatment for shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007), Postsurgical Treatment Guidelines.

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, Office Visits.

Decision rationale: Pursuant to the Official Disability Guidelines, office visits for the treatment for shoulder is not medically necessary. Office visits are recommended as determined to be medically necessary. They play a critical role in the proper diagnosis and return to function of an injured worker and should be encouraged. The need for clinical office visit with a healthcare provider is individualized based on a review of patient concerns, signs and symptoms, clinical stability and reasonable physician judgment. The determination is also based on what medications the patient is taking, since the medication such as opiates requires close monitoring. In this case, the diagnoses are bilateral shoulder tendinitis with mild impingement. The medical record discusses chronic complaints with some degree of subjective improvement; however there

are no functional objective measures of improvement in the follow-up progress notes. The injured worker is not taking any medications, nonsteroidal anti-inflammatory drugs or opiates. Consequently, continued treatment for shoulder is not medically necessary. Based on clinical information in the medical record in the peer-reviewed evidence-based guidelines, treatment for the shoulder is not medically necessary.

Medication: Upheld

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

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, Office Visits

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, the decision for medication is not medically necessary. Office visits are recommended as determined to be medically necessary. They play a critical role in the proper diagnosis and return to function of an injured worker and should be encouraged. The need for clinical office visit with a healthcare provider is individualized based on a review of patient concerns, signs and symptoms, clinical stability and reasonable physician judgment. The determination is also based on what medications the patient is taking, since the medication such as opiates require close monitoring. In this case, the injured worker is not taking any medications. There are no medications documented in the medical record. Consequently, the decision for medication is not medically necessary absent appropriate documentation to the contrary. Based on clinical information in the medical record in the peer-reviewed evidence-based guidelines, decision of the medication is not medically necessary.

Non-steroidal anti-inflammatory: Upheld

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

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, Office Visits

Decision rationale: Pursuant To the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, nonsteroidal anti-inflammatory drugs are not medically necessary. Office visits are recommended as determined to be medically necessary. They play a critical role in the proper diagnosis and return to function of an injured worker and should be encouraged. The need for clinical office visit with a healthcare provider is individualized based on a review of patient concerns, signs and symptoms, clinical stability and reasonable physician judgment. The determination is also based on what medications the patient is taking, since the medications such as opiates require close monitoring. In this case, the injured worker is not taking any medications. There are no medications documented in the medical record. Consequently, the

decision for medication is not medically necessary absent appropriate documentation to the contrary. Based on clinical information in the medical record in the peer-reviewed evidence-based guidelines, nonsteroidal anti-inflammatory drugs are not medically necessary

Analgesics: Upheld

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

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; Office Visits.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, analgesics are not medically necessary. Office visits are recommended as determined to be medically necessary. They play a critical role in the proper diagnosis and return to function of an injured worker and should be encouraged. The need for clinical office visit with a healthcare provider is individualized based on a review of patient concerns, signs and symptoms, clinical stability and reasonable physician judgment. The determination is also based on what medications the patient is taking, since the medications such as opiates require close monitoring. In this case, the injured worker is not taking any medications. There are no medications documented or considered in the medical record. Consequently, the decision for medication is not medically necessary absent appropriate documentation to the contrary. Based on clinical information in the medical record in the peer-reviewed evidence-based guidelines, analgesics are not medically necessary.

H-Wave: Upheld

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

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, H Wave Stimulation.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, H Wave stimulation (HWT) is not medically necessary. For each wave simulation to be determined medically necessary the following criteria according to the Official Disability Guidelines need to be met: the reason the physician believes HWT may lead to functional improvement and a reduction in pain; physical therapy/home exercise and medications have not resulted in functional improvement or reduction in pain and the patient is participating in an evidence-based functional restoration program without satisfactory reduction in pain or functional improvement. In this case, the progress note indicates some degree of subjective improvement with HWT. There is no documentation in the medical record where the physician believes HWT may lead to functional objective improvement and a reduction in pain. There is no indication of continued physical therapy/home exercise and medication use that

results no functional improvement and lastly, there is no evidence the injured worker was engaged in a functional restoration program without satisfactory reduction in pain or functional improvement. Consequently, based on the documentation and/or lack of documentation as to the guideline requirements, HWT is not medically necessary. Based on clinical information in the medical record and the peer-reviewed evidence-based guidelines, H wave stimulation is not medically necessary.