

Case Number:	CM15-0141624		
Date Assigned:	08/14/2015	Date of Injury:	08/07/2013
Decision Date:	10/05/2015	UR Denial Date:	07/01/2015
Priority:	Standard	Application Received:	07/21/2015

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: New York

Certification(s)/Specialty: Internal 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 injured worker is a 56 year old female who sustained an industrial injury on 08/07/2013. Previous treatments included medications, physical therapy, surgical intervention, cortisone injections-right shoulder, and home exercises. Report dated 04-28-2015 noted that the injured worker had previous diagnostic studies including a right shoulder MRI and electrodiagnostic study, but the date performed or report was not included for review. Initial injuries occurred due to cumulative trauma to her right wrist, right shoulder, neck, and right shoulder blade. Report dated 02-05-2014 noted that the injured worker presented with complaints that included cervical spine pain with radiation into the right shoulder, right shoulder pain, and right wrist and hand pain with numbness and tingling into the fingers. Pain level was not included. Cervical spine examination was positive for spasms and tenderness in the bilateral paraspinal muscles and bilateral suboccipital muscles and bilateral upper shoulder muscles, decreased range of motion, orthopedic testing was positive, and decreased right brachioradialis and right triceps reflexes. Shoulder examination revealed spasms and tenderness to the right rotator cuff muscles and right upper shoulder muscles, decreased range of motion with pain, and Speed's and supraspinatus testing was positive on the right. Wrist and hand examination revealed spasm and tenderness to the right anterior wrist, right thenar eminence, and right posterior extensor tendons, painful decreased range of motion, and orthopedic testing was positive. The injured worker was diagnosed with cervical disc herniation with myelopathy, carpal tunnel syndrome (median nerve entrapment at the right wrist), tendinitis-bursitis of the right hand and wrist, and bursitis-tendinitis of the right shoulder. The treatment plan included requests for a program of physical medicine for 6 visits with continuation dependent on functional improvements,

prescribed topical compound creams for inflammation and muscle pain, Tramadol for pain, and naproxen sodium, multi interferential stimulator to decrease pain and muscle spasm, NCV-EMG of the bilateral upper extremity to rule out carpal tunnel syndrome based on positive orthopedic tests on physical examination. There were no medical reports for 02-28-2015 date of service (DOS), discussing the rationale and request for the retrospective request of dual IF-TENS-EMS unit (rental or purchase), but there was a report dated 02-25-2015 noting no additional therapy is currently being requested. Report dated 03-30-2015 notes a request for Flurbiprofen-Cyclobenzaprine- Baclofen-Lidocaine 180gm (Refill x2). There were no medical reports for 04-10-2015 date of service (DOS), discussing the rationale and request for the retrospective request TENS-EMS supplies. Report dated 06-11-2015 reported that the injured worker presented with cervical spine pain with pain radiating down to her right shoulder, right shoulder pain, and right wrist and hand pain with numbness and tingling to the area and tingling radiating to her 4 fingers. Objective findings included cervical spasm and tenderness to the bilateral paraspinal muscles, bilateral suboccipital muscles and bilateral upper shoulder muscles, cervical orthopedic testing was positive, tenderness and spasm in the shoulders to the right rotator cuff muscles and right upper shoulder muscles, shoulder orthopedic testing was positive, spasm and tenderness to the right anterior wrist, right thenar eminence and right posterior extensor tendons, and Bracelet and Phalen's tests were positive on the right. Current diagnoses included cervical disc herniation with myelopathy, carpal tunnel syndrome (median nerve entrapment at the right wrist), tendinitis-bursitis of the right hand and wrist, and bursitis-tendinitis of the right shoulder. Treatment plan included no additional therapy requests and work status remained unchanged, stating, "on 09-24- 2014, the patient was released to work with the following final work restrictions. No gripping or grasping, no over head work, and no lifting greater than 20 pounds." Disputed treatments include retrospective TENS-EMS supplies (DOS 4-10-15), physical medicine to include electrical muscle stimulation, infrared 1x6 (cervical, right shoulder), physical medicine to include chiropractic manipulation therapy 1x6 (cervical spine), physical medicine to include myofascial release 1x6 (right shoulder/wrist), physical medicine to include therapeutic activities 1x6 (right wrist), Lidocaine-Gabapentin-Tramadol 180gm (Refill x2), Flurbiprofen-Cyclobenzaprine-Baclofen-Lidocaine 180gm (Refill x2), Tramadol 50mg #90, Naproxen Sodium 550mg #90, EMG-NCV of the bilateral upper extremities, continued use of dual unit IF-TENS- EMS (rental or purchase), and retrospective use of Dual IF-TENS-EMS unit (rental or purchase) (DOS 2-28-15).

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective TENS/EMS supplies (DOS 4/10/15): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS unit for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation) Page(s): 114.

Decision rationale: MTUS guidelines state that a TENS unit may be recommended in the treatment of chronic intractable pain conditions, if there is documentation of pain for at least three months duration, evidence that other appropriate pain modalities including medications have been tried and failed and that a one-month trial period of the TENS unit has been prescribed, as an adjunct to ongoing treatment modalities within a functional restoration program. There should be documentation of how often the unit was used, as well as outcomes in terms of pain relief and function; rental would be preferred over purchase during this trial. A treatment plan including the specific short- and long-term goals of treatment with the TENS unit should also be submitted. Documentation shows that the injured worker has chronic neck, right shoulder, wrist, and hand pain. There is lack of detailed evidence regarding previous TENS unit trial as adjunct to a functional restoration program. Being that TENS unit rental is not approved, the request for Retrospective TENS/EMS supplies (DOS 4/10/15) is not medically necessary by MTUS.

Physical medicine to include electrical muscle stimulation, infrared 1x6 (cervical, right shoulder): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines TENS for chronic pain. Decision based on Non-MTUS Citation ODG-TWC Heat/cold applications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine, TENS, chronic pain (transcutaneous electrical nerve stimulation), Microcurrent electrical stimulation (MENS devices) Page(s): 98-99,114, 120.

Decision rationale: MTUS recommends passive therapy (those treatment modalities that do not require energy expenditure on the part of the patient) during the early phases of pain treatment, for controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. During the rehabilitation process, MTUS states that passive therapy can be used sparingly with active therapies to help control swelling, pain and inflammation. The injured worker complains of ongoing neck and right shoulder pain. Documentation indicates previous physical medicine treatment including a work hardening program, physical Therapy and Acupuncture, but there is lack of detailed information regarding objective clinical outcome of the treatment. Furthermore, MTUS does not recommend Microcurrent electrical stimulation (MENS) based on the fact that available evidence conclusions cannot be made concerning the effect of this treatment on pain management and objective health outcomes. MENS differs from TENS in that it uses a significantly reduced electrical stimulation. TENS blocks pain, while MENS acts on the naturally occurring electrical impulses to decrease pain by stimulating the healing process. Given that MTUS does not recommend Microcurrent electrical stimulation and the current request for additional physical medicine has not been approved, the request for Physical medicine to include electrical muscle stimulation, infrared 1x6 (cervical, right shoulder) is not medically necessary.

Physical medicine to include paraffin 1x6 (right hand): 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 Not addressed. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hand Chapter, Paraffin wax baths.

Decision rationale: ODG recommends paraffin wax baths as an option for arthritic hands if used as an adjunct to a program of evidence-based conservative care (exercise). Being that the current request for additional physical medicine has not been approved, the recommendation for paraffin wax is also not indicated. The request for physical medicine to include paraffin 1x6 (right hand) is not medically necessary per guidelines.

Physical medicine to include chiropractic manipulation therapy 1x6 (cervical spine):
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck Chapter.

Decision rationale: MTUS recommend a trial of 6 Chiropractic visits over 2-3 weeks for neck pain due to cervical strain. The primary criterion for continued treatment is based on patient response. With evidence of objective functional improvement, a total of up to 18 visits over 6-8 weeks may be prescribed. The injured worker complains of ongoing neck, right shoulder, wrist, and hand pain. Documentation indicates previous physical medicine treatment including a work hardening program, physical Therapy and Acupuncture, but there is lack of detailed information regarding objective clinical outcome of the treatment. Given that this injured worker has completed a course of physical therapy and acupuncture, and the lack of physician reports describing specific functional improvement, the medical necessity for further manual therapy has not been established. The request for Physical medicine to include chiropractic manipulation therapy 1x6 (cervical spine) is not medically necessary based on lack of functional improvement and guidelines.

Physical medicine to include myofascial release 1x6 (right shoulder/wrist): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Massage therapy Page(s): 60.

Decision rationale: MTUS recommends Massage therapy as an adjunct to other treatment (e.g. exercise), and it should be limited to 4-6 visits in most cases. The injured worker complains of

ongoing right shoulder and wrist pain. Documentation indicates previous physical medicine treatment including a work hardening program, but there is lack of detailed information regarding objective clinical outcome of the treatment. Given that this injured worker has had no significant improvement in pain with previous treatment modalities and the current request for physical medicine has not been approved, the medical necessity for myofascial release has not been established. The request for Physical medicine to include myofascial release 1x6 (right shoulder/wrist) is not medically necessary based on lack of functional improvement and MTUS.

Physical medicine to include therapeutic activities 1x6 (right wrist): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98 - 99.

Decision rationale: MTUS recommends passive therapy (those treatment modalities that do not require energy expenditure on the part of the patient) during the early phases of pain treatment, for controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. During the rehabilitation process, MTUS states that passive therapy can be used sparingly with active therapies to help control swelling, pain and inflammation. The injured worker complains of ongoing right wrist pain. Documentation indicates previous physical medicine treatment including a work hardening program, physical Therapy and Acupuncture, but there is lack of detailed information regarding objective clinical outcome of the treatment. Given that this injured worker has had no significant improvement in pain with previous physical treatment modalities, the medical necessity for additional physical therapy has not been established. The request for Physical medicine to include therapeutic activities 1x6 (right wrist) is not medically necessary based on lack of functional improvement and MTUS.

Lidocaine/Gabapentin/Tramadol 180gm (Refill x2): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113.

Decision rationale: MTUS states that use of topical analgesics is primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is little to no research to support the use of many of these agents. MTUS does not recommend Gabapentin as a topical agent and Tramadol is not FDA approved for topical application. Furthermore, non-dermal patch formulations of Lidocaine such as creams, lotions and gels, are not indicated for treatment of neuropathic pain. Per guidelines, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The request for Lidocaine/Gabapentin/Tramadol 180gm (Refill x2) is not medically necessary by MTUS.

Flurbiprofen/Cyclobenzaprine/Baclofen/Lidocaine 180gm (Refill x2): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113.

Decision rationale: MTUS states that use of topical analgesics is primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is little to no research to support the use of many of these agents. MTUS does not recommend the use of muscle relaxants as a topical agents and Flurbiprofen is not FDA approved for topical application. Furthermore, non-dermal patch formulations of Lidocaine such as creams, lotions and gels, are not indicated for treatment of neuropathic pain. Per guidelines, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The request for Flurbiprofen/Cyclobenzaprine/Baclofen/Lidocaine 180gm (Refill x2) is not medically necessary by MTUS.

Tramadol 50mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional improvement, Opioids sections Page(s): 1, 74-96.

Decision rationale: According to the California MTUS chronic pain medical treatment guidelines recommend specific guidelines for the ongoing use of narcotic pain medication to treat chronic pain. Recommendations include the lowest possible dose be used as well as ongoing review and documentation of pain relief, functional status, appropriate medication use and its side effects. It also recommends that providers of opiate medication document the injured worker's response to pain medication including the duration of symptomatic relief, functional improvements, and the level of pain relief with the medications. The CA MTUS Guidelines define functional improvement as "a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management and a reduction in the dependency on continued medical treatment." Therapies should be focused on functional restoration rather than the elimination of pain. There is insufficient evidence of functional improvement after the treatment to date. The injured worker continues to have the same modified work restrictions since 02-25-2015, continues to be seen for monthly medical appointments, and there was no detailed evaluation provided of improved functionality with the use of Tramadol. Therefore, the request for Tramadol 50mg #90 is not medically necessary.

Naproxen Sodium 550mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (Non-Steroidal Anti-Inflammatory Drugs) Page(s): 22, 67-73.

Decision rationale: According to the California MTUS chronic pain medical treatment guidelines, there are specific guidelines for use of non-steroidal anti-inflammatory drugs (NSAID). They are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. Also per the MTUS NSAIDs are recommended for acute exacerbations of chronic low back pain, as a second-line treatment after acetaminophen. The submitted medical records support that the injured worker's complaints are chronic and not an acute exacerbation of pain. Documentation is not clear as to how long this medication has been prescribed. Also, there is no documentation of prior use of acetaminophen. There is no documentation to support functional improvement with this medication. The injured worker continues to have modified work restrictions since 02-25-2015, and continues to be seen on a monthly basis. Therefore, the request for Naproxen Sodium 550mg #90 is not medically necessary.

EMG/NCV of the bilateral upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation ODG-TWC EMG/NCV.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): Special Studies and Diagnostic and Treatment Consideration, page 268. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Carpal Tunnel Chapters, Electrodiagnostic studies (EDS), Electromyography (EMG).

Decision rationale: MTUS states that electrodiagnostic studies including nerve conduction studies (NCS), or in more difficult cases, electromyography (EMG), may help differentiate between Carpal Tunnel Syndrome (CTS) and other conditions, such as cervical radiculopathy. NCS and EMG may confirm the diagnosis of CTS but may be normal in early or mild cases of CTS. If the electrodiagnostic studies are negative, tests may be repeated later in the course of treatment if symptoms persist. ODG recommends Electrodiagnostic studies in patients with clinical signs of Carpal Tunnel Syndrome who may be candidates for surgery, but the addition of electromyography (EMG) is not generally necessary. EMG is recommended only in cases where diagnosis is difficult with nerve conduction studies (NCS), such as when defining whether neuropathy is of demyelinating or axonal type. The injured worker is diagnosed with bilateral Carpal Tunnel Syndrome and Cervical spine disc herniation. Previous EMG/NCV studies confirmed the diagnosis of Carpal Tunnel Syndrome. Documentation fails to show acute changes in the injured worker's clinical condition to establish the medical necessity for repeating electrodiagnostic studies. The request for EMG/NCV of the bilateral upper extremities is not medically necessary per guidelines.

Continued use of Dual unit IF/TENS/EMS (rental or purchase): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation), Transcutaneous electrotherapy, Interferential Current Stimulation (ICS) Page(s): 114, 118.

Decision rationale: MTUS does not recommend Interferential Current Stimulation as isolated modality. There is very little evidence to show it is superior to standard Transcutaneous Electrical Nerve Stimulation (TENS). MTUS guidelines state that a TENS unit may be recommended in the treatment of chronic intractable pain conditions, if there is documentation of pain for at least three months duration, evidence that other appropriate pain modalities including medications have been tried and failed and that a one-month trial period of the TENS unit has been prescribed, as an adjunct to ongoing treatment modalities within a functional restoration program. There should be documentation of how often the unit was used, as well as outcomes in terms of pain relief and function; rental would be preferred over purchase during this trial. A treatment plan including the specific short- and long-term goals of treatment with the TENS unit should also be submitted. Documentation shows that the injured worker has chronic neck, right shoulder, wrist, and hand pain. There is lack of detailed evidence regarding previous TENS unit trial as adjunct to a functional restoration program. Being that Dual unit IF/TENS/EMS unit rental or purchase has not been approved, the request for continued use of dual unit IF/TENS/EMS unit (rental or purchase) is not medically necessary by MTUS.

Retrospective use of Dual IF/TENS/EMS unit (rental or purchase) (DOS 2/28/15): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation), Transcutaneous electrotherapy, Interferential Current Stimulation (ICS) Page(s): 114, 118.

Decision rationale: MTUS does not recommend Interferential Current Stimulation as an isolated modality. There is very little evidence to show it is superior to standard Transcutaneous Electrical Nerve Stimulation (TENS). MTUS guidelines state that a TENS unit may be recommended in the treatment of chronic intractable pain conditions, if there is documentation of pain for at least three months duration, evidence that other appropriate pain modalities including medications have been tried and failed and that a one-month trial period of the TENS unit has been prescribed, as an adjunct to ongoing treatment modalities within a functional restoration program. There should be documentation of how often the unit was used, as well as outcomes in terms of pain relief and function; rental would be preferred over purchase during this trial. A treatment plan including the specific short- and long-term goals of treatment with the TENS unit should also be submitted. Documentation shows that the injured worker has chronic neck, right shoulder, wrist, and hand pain. There is lack of detailed evidence regarding previous TENS unit trial as adjunct to a functional restoration program to establish the medical necessity for Dual IF/TENS/EMS unit rental or purchase. The request for Retrospective use of

Dual IF/TENS/EMS unit (rental or purchase) (DOS 2/28/15 is not medically necessary by MTUS.