

Case Number:	CM15-0068843		
Date Assigned:	04/16/2015	Date of Injury:	08/22/2010
Decision Date:	06/30/2015	UR Denial Date:	03/17/2015
Priority:	Standard	Application Received:	04/10/2015

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: 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 injured worker is a 48 year old female, who sustained an industrial injury on 08/22/2010. She has reported injury to the neck, shoulders, wrists/elbows, and back. The diagnoses have included bilateral shoulder sprain and strain; bilateral elbow lateral epicondylitis; bilateral wrist sprain and strain; and bilateral wrist carpal tunnel syndrome. Treatment to date has included medications, diagnostics, and cortisone injection. Medications have included Norco, Fexmid, and topical compounded creams. A report from the treating physician, dated 02/25/2015, documented an evaluation with the injured worker. Currently, the injured worker complains of ongoing pain in the bilateral shoulders/elbows/wrists, cervical spine, thoracic spine, and lumbar spine. Objective findings were not included with this dated physician's report. The treatment plan has included the request for Hypnotherapy with guided relaxation, once a week for four weeks; Extracorporeal Shock Wave Therapy of bilateral shoulders/elbows/wrists; Hot and Cold Unit; and Interferential Unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hypnotherapy with guided relaxation, once a week for four weeks: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pain (Chronic), Hypnosis.

Decision rationale: According to Official Disability Guidelines, hypnotherapy is recommended as a conservative option, depending on the availability of providers with proven outcomes, but the quality of evidence is weak. Hypnosis treatment may have a positive effect on pain and quality of life for patients with chronic muscular pain. This pilot study indicated that a brief, 4-session standardized self-hypnosis protocol, combined with psycho-education, significantly and substantially reduced pain intensity. The findings of this trial supported greater benefits effects from self-hypnosis training compared to cognitive training on average pain intensity, but the combined hypnosis-cognitive restructuring intervention appeared to have beneficial effects greater than the effects of either cognitive restructuring or hypnosis alone. ODG Hypnotherapy Guidelines: Initial trial of 4 visits over 2 weeks, With evidence of objective functional improvement, total of up to 10 visits over 6 weeks (individual sessions). I am reversing the previous UR decision. Hypnotherapy with guided relaxation, once a week for four weeks is medically necessary.

Extracorporeal Shock Wave Therapy of Bilateral Shoulders/Elbows/Wrists: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 10 Elbow Disorders (Revised 2007).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder and Elbow complaints (Acute & Chronic), Extracorporeal shock wave therapy (ESWT).

Decision rationale: According to the Official Disability Guidelines extracorporeal shockwave therapy is recommended only for calcifying tendinitis but not for other shoulder disorders. Limited evidence exists regarding extracorporeal shock wave therapy (ESWT) in treating pain and improving function. While it appears to be safe, there is disagreement as to its efficacy. Insufficient high quality scientific evidence exists to determine clearly the effectiveness of this therapy. Extracorporeal Shock Wave Therapy of Bilateral Shoulders/Elbows/Wrists is not medically necessary.

Hot and Cold Unit: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints, Chapter 10 Elbow Disorders (Revised 2007), Chapter 11 Forearm, Wrist, and Hand Complaints, Chapter 12 Low Back Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute & Chronic), Cold packs.

Decision rationale: Insufficient testing exists to determine the effectiveness (if any) of heat/cold applications in treating mechanical neck disorders, though due to the relative ease and lack of adverse effects, local applications of cold packs may be applied during first few days of symptoms followed by applications of heat packs to suit patient. The ODG cites no evidence that rotating heat and cold is effective in treating chronic pain. Hot/Cold therapy machine not medically necessary. Hot/Cold Unit is not medically necessary.

Interferential Unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation Page(s): 118-119; 120.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 118-120.

Decision rationale: According to the MTUS an interferential current stimulation (ICS) is not recommended as an isolated intervention. There is no quality evidence of effectiveness except in conjunction with recommended treatments, including return to work, exercise and medications, and limited evidence of improvement on those recommended treatments alone. A TENS unit without interferential current stimulation is the recommended treatment by the MTUS. Interferential Unit is not medically necessary.