

Case Number:	CM15-0076752		
Date Assigned:	04/28/2015	Date of Injury:	10/18/2009
Decision Date:	06/23/2015	UR Denial Date:	04/10/2015
Priority:	Standard	Application Received:	04/21/2015

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: Anesthesiology

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 an industrial injury on 10/18/2009. She has reported subsequent neck and wrist pain and was diagnosed with C5-C6 pseudoarthrosis, left C6 and C7 radiculopathy, C6-C7 moderate left foraminal stenosis and left carpal tunnel syndrome. Treatment to date has included oral and topical pain medication, physical therapy and surgery. In a progress note dated 12/01/2014, the injured worker complained of neck pain with numbness radiating down the left upper extremity. Objective findings were notable for tenderness to palpation of the cervical spine with reduced range of motion. A request for authorization of diagnostic facet blocks at left C7-T1, pain management consultation before facet blocks, H-wave unit, Naprosyn and Prilosec was submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain Management Consultation before Facet Blocks 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), Cervical Spine.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 127.

Decision rationale: According to the CA MTUS/ACOEM, a consultation is indicated to aid in the diagnosis, prognosis, and therapeutic management, determination of medical stability, and permanent residual loss and/or, the injured worker's fitness to return to work. In this case, there is no specific rationale identifying the medical necessity of the requested Pain Management consultation as the requested cervical facet blocks are not medically necessary. Medical necessity for the requested service is not established. The requested service is not medically necessary.

Diagnostic Facet Blocks at Left C7-T1 (two levels): 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), Cervical Spine, Facet Blocks.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Neck and Upper Back (acute and chronic), Facet joint diagnostic blocks.

Decision rationale: According to the ODG, cervical facet injections are limited to chronic cervical pain that is non-radicular in nature. There should not be a history of spinal stenosis or previous fusion. There should be documentation of the failure of conservative measures prior to the procedure for at least 4-6 weeks. No more than 2 levels should be injected at any one time. There should also be evidence of a formal plan of rehabilitation in addition to facet joint injection therapy. In this case, the patient is status post C5 to C7 fusion. Diagnostic facet joint injections are not indicated in patients who have undergone spinal fusion. There is no specific indication for the requested service at this time. Medical necessity for the requested injections has not been established. The requested facet joint injections are not medically necessary.

H-Wave (purchase): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-Wave Page(s): 117-121.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-wave stimulation (HWT) Page(s): 117.

Decision rationale: According to the CA MTUS Guidelines (2009), H-wave stimulation (HWT) is not recommended as an isolated intervention. A one-month home-based trial of HWT may be considered a noninvasive conservative option for diabetic neuropathic pain, or chronic soft tissue inflammation if used as an adjunct to a program of evidence-based functional restoration, and only following failure of initially recommended conservative care, including recommended physical therapy (i.e., exercise) and medications, plus transcutaneous electrical nerve stimulation (TENS). While H-Wave and other similar type devices can be useful for pain management, they are most successfully used as a tool in combination with functional improvement. H-wave stimulation is a form of electrical stimulation that differs from other forms of electrical stimulation, such as TENS, in terms of its waveform. H-wave stimulation is sometimes used for the treatment of pain related to a variety of etiologies, muscle sprains, temporo-mandibular joint dysfunctions or reflex sympathetic dystrophy. In fact, H-wave is used more often for muscle spasm and acute pain as opposed to neuropathy or radicular pain. In this case, the patient did not respond to use of a TENS unit. There is no

documentation as to whether the patient has had a trial of H-wave prior to any consideration of purchase and there is no documentation as to any prior positive response to H-wave therapy. Medical necessity for the requested item has not been established. The requested HWT is not medically necessary.

Naprosyn 550mg, 1 tab PO BID, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-71.

Decision rationale: Naproxen is a non-steroidal anti-inflammatory drug (NSAID). Oral NSAIDs are recommended for the treatment of chronic pain and control of inflammation as a second-line therapy after acetaminophen. ODG states that NSAIDs are recommended for acute pain, osteoarthritis, acute low back pain (LBP) and acute exacerbations of chronic pain, and short-term pain relief in chronic LBP. There is no evidence of long-term effectiveness for pain or function. There is inconsistent evidence for the use of NSAIDs to treat long-term neuropathic pain. Guidelines recommended that the lowest effective dose be used for the shortest duration of time consistent with treatment goals. In this case, the patient had prior use of NSAIDs without any documentation of significant improvement. There was no documentation of subjective or objective benefit from use of this medication. Medical necessity of the requested medication has not been established. The request for Naproxen is not medically necessary.

Prilosec 20mg, 1 tab PO BID, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PPIs Page(s): 68.

Decision rationale: According to the California MTUS (2009), Omeprazole (Prilosec), is proton pump inhibitor (PPI) that is recommended for patients taking NSAIDs, with documented GI distress symptoms, or at risk for gastrointestinal events. GI risk factors include: age >65, history of peptic ulcer, GI bleeding, or perforation; concurrent use of aspirin, corticosteroids, and/or anticoagulants, or high dose/multiple NSAIDs. PPIs are highly effective for their approved indications, including preventing gastric ulcers induced by NSAIDs. In this case, there is no documentation indicating that this patient had any GI symptoms or risk factors. In addition, the request for Naprosyn was found to be not medically necessary, which would mean that the Omeprazole would not be medically necessary for this patient. Medical necessity for Omeprazole has not been established. The requested medication is not medically necessary.