

<b>Case Number:</b>	CM13-0013993		
<b>Date Assigned:</b>	10/04/2013	<b>Date of Injury:</b>	01/20/2011
<b>Decision Date:</b>	01/22/2014	<b>UR Denial Date:</b>	08/12/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/20/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Occupational 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 physician 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 applicant is represented former psychiatric technician for [REDACTED] employee who has filed a claim for chronic thumb pain, wrist pain, hand pain, carpal tunnel syndrome, and reflex sympathetic dystrophy of the upper limb reportedly associated with cumulative trauma at work first claimed on January 20, 2011. Thus far, the applicant has been treated with following: Analgesic medications; unspecified amounts of physical therapy over the life of claim; attorney representation; a TENS units; adjuvant medications; psychotropic medications; carpal tunnel release surgery; prior stellate ganglion blocks in April and June 2013; and extensive periods of time off of work. In a utilization review report of August 12, 2013, the claims administrator partially certified the request for two sessions of physical therapy, denied a request for stellate ganglion blocks, certified a psychological evaluation for spinal cord stimulator, certified Lyrica, certified Pamelor and denied request for Toradol, vitamin B12, urine drug screen, and manual muscle testing. The applicant's attorney later appealed on August 14, 2013. An earlier clinical progress note of August 1, 2013 is notable for comments that the applicant reports persistent bilateral upper extremity pain with associated cramping. She has had 28 sessions of hand therapy over the life of the claim, it is stated. She is on Lyrica and Pamelor. The applicant states that she is a lifelong non-smoker. Well preserved elbow, wrist, forearm and hand range of motion is appreciated with 5/5 strength noted about the left upper extremity. The right wrist and hand is notable for marked weakness in terms of extension and flexion. The applicant is given a 48% whole person impairment rating. It is stated that the applicant requires additional physical therapy and that it is unlikely that she will be able to return to prior occupation at this juncture. In a July 31, 2013 progress note, it was suggested th

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy times six (6) sessions: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

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

**Decision rationale:** While pages 98 and 99 of the MTUS Chronic Pain Medical Treatment Guidelines do endorse active therapy, active modalities, and hand therapy, in this case, the applicant has had prior treatment (at least 28 sessions) seemingly in excess of the 24-session course recommended on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for reflex sympathetic dystrophy/chronic regional pain syndrome. Additionally, it is noted that the claim administrator partially certified two additional sessions of physical therapy on the utilization review report in question. I have no particular objection to this two-session partial certification as the MTUS Chronic Pain Medical Treatment Guidelines do endorse tapering or fading the frequency of physical therapy over time and emphasizing self-directed home physical medicine. The two-session partial certification of physical therapy was therefore appropriate. Additional physical therapy beyond this amount cannot be certified at this time.

**Right Stellate Ganglion Injection: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 55-56, 67.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 39.

**Decision rationale:** The applicant has had at least two prior stellate ganglion blocks in 2013 alone. As noted in page 39 of the MTUS Chronic Pain Medical Treatment Guidelines, sympathetic blocks are recommended for a limited role in a diagnosis and treatment of CRPS, as an adjunct to facilitate physical therapy. In this case, it does not appear that the applicant derived much in the way of lasting benefit and/or functional improvement through the prior blocks. The applicant continues to use adjuvant medications and did not effect an improvement in terms of work status and work restrictions despite prior stellate ganglion blocks. Therefore, the request for repeat blocks remains non-certified, on independent medical review.

**(Retro) Toradol intramuscular 30mg injection performed on 7/31/2013: Overturned**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine - Practice Guidelines, Version 3, General Principles of Treatment, Medications, Table 11: Dosing for Opioids

**Decision rationale:** The MTUS does not address the topic of injectable ketorolac or Toradol usage. As noted in the third edition ACOEM Guidelines, a single dose of ketorolac or Toradol appears to be a useful alternative to opioids in the management of those individuals who presented to the emergency department with severe musculoskeletal low back pain. By implication, Toradol was indicated and appropriate in the treatment of the claimant's reportedly severe pain described on July 31, 2013 office visit. Accordingly, the original utilization review decision is overturned. The request is certified, on independent medical review.

**Retro Vitamin B12 Injection, 1000mcg performed on 7/31/2013: 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 American College of Occupational and Environmental Medicine - Practice Guidelines, 2008, Carpal Tunnel Syndrome.

**Decision rationale:** The MTUS does not address the topic. As noted in the 2008 ACOEM Practice Guidelines, vitamin B12 has been reported as successful treatment for stroke patients with carpal tunnel syndrome. In this case, however, there was evidence that the applicant carried a diagnosis of stroke for which B12 injections would have been endorsed. While the applicant did apparently have carpal tunnel release surgery at an earlier point in time, there is no evidence that the applicant in fact carried a diagnosis of carpal tunnel syndrome on the date the injection was performed, on July 31, 2013. The attending provider stated that he intended vitamin B12 injection to be performed to potentiate the effects of Toradol. There was no support in either the MTUS or ACOEM for usage of vitamin B12 in this role. Therefore, request remains non-certified, on independent medical review.

**Retro urine drug screen administered on 7/31/2013: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines, Chronic Pain Chapter, Criteria for Urine Drug Testing.

**Decision rationale:** While page 43 of MTUS Chronic Pain Medical Treatment Guidelines does endorse intermittent drug testing in the chronic pain population, to ensure the absence of any illicit drug use, the MTUS does not establish or indentify specific parameters for performing urine drug testing. As noted in the ODG Chronic Pain Chapter urine drug testing topic, similar

criteria for urine drug testing includes provision of an applicant's complete medication list along with the request for authorization and a clear statement of what drug tests and/or drug panels are being tested. In this case, while the applicant's complete medication list had been provided, a list of drug tests and/or drug panels, which the attending provider was testing for were not attached to the request for authorization or application for IMR. Therefore, the request remains non-certified, on independent medical review.

**Retro Manual Muscle Testing procedure done on 7/31/2013: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

**Decision rationale:** As noted in the MTUS-adopted ACOEM Guidelines in chapter 11, assessing the neurologic and vascular status of the hand, wrist, forearm, and elbow, which includes assessment of motor status of the associated muscle groups, is part and parcel of the physical examination for wrist, hand, and forearm issues. There is no specifically established role in ACOEM for separate procedure codes for manual muscle testing. As noted previously, ACOEM deems manual muscle testing/assessment of motor status as part and parcel of the office visit and associated physical examination. In this case, the attending provider did not, furthermore, clearly state what the manual muscle testing portion of the exam is being coded as a separate CPT code. Therefore, the original utilization review decision is upheld. The request remains non-certified, on independent medical review.