

Case Number:	CM13-0021546		
Date Assigned:	04/25/2014	Date of Injury:	12/31/2005
Decision Date:	07/10/2014	UR Denial Date:	08/02/2013
Priority:	Standard	Application Received:	09/09/2013

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 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 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 applicant is a [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of December 31, 2005. Thus far, the applicant has been treated with the following: analgesic medications; attorney representations; unspecified amounts of physical therapy over the life of the claim; a nuclear medicine stress test of December 23, 2011, that was negative for ischemia or infarction; a cardiac catheterization of November 18, 2011; and is on permanent work restrictions. The applicant does not appear to have returned to work with permanent limitations in place. In a Utilization Review Report dated August 7, 2013, the claims administrator partially certified a request for 12 sessions of physical therapy as four sessions of physical therapy, denied a urine toxicology screening, denied laboratory testing, and denied a lumbar MRI. A February 27, 2014 progress note was notable for comments that the applicant reported persistent 6/10 low back pain. The applicant was asked to continue permanent work restrictions. A July 19, 2013 progress note indicated that the applicant reported 8/10 low back pain, which is growing progressively worse over time. The applicant was using a back brace and had not worked since July 2006 and as a result had developed depression. The applicant's medications included aspirin, Vesicare, Pravachol, isosorbide, Coreg, and multiple vitamins and unspecified pain medications. Laboratory testing in the form of CBC, hepatic function testing, arthritis panel, chemistry panel, CPK, CRP, lumbar MRI imaging, physical therapy, and urine toxicology screening were endorsed.

IMR ISSUES, DECISIONS AND RATIONALES

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

COMPLETE BLOOD COUNT (CBC): Overturned

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 Page(s): 70.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that intermittent testing of an applicant's CBC, renal function, and hepatic function are recommended in those individuals using NSAIDs. In this case, the applicant is using at least one NSAID, aspirin, in addition to a variety of other cardiac medications. Periodic assessment of the applicant's hematologic function via a CBC is therefore indicated. Accordingly, the request is medically necessary.

HEPATIC PANEL: 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.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that a periodic assessment of an applicant's renal function, hepatic function, and hematologic function is indicated in those individuals using NSAIDs. In this case, the applicant is using at least one NSAID, aspirin, in addition to a variety of cardiac medications. A periodic assessment of the applicant's renal function is indicated. Therefore, the request is medically necessary.

ARTHRITIS PANEL: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 269.

Decision rationale: While the ACOEM Guidelines do state that a number of applicants with hand and wrist problems will have associated disease such as arthritis, diabetes, hypothyroidism, etc., in this case, however, the applicant's symptoms are seemingly confined to the low back. There is no mention of hand or wrist symptoms or other widespread systemic symptoms, which would call into question a systemic process such as arthritis. Therefore, the request is not medically necessary.

CHEMISTRY 8: Overturned

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 Page(s): 70.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that periodic assessment of an applicant's renal function, hepatic function, and hematologic function are indicated in individuals using NSAIDs. In this case, the applicant is using at least one NSAID, aspirin, and has a variety of cardiac issues. The Chem-8 panel in question includes the applicant's BUN and creatinine, markers of renal function. A periodic assessment of the applicant's renal function is indicated here. Therefore, the proposed Chemistry-8 panel is medically necessary.

CREATINE PHOSPHOKINASE TEST (CPK): 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 Delmar's Guide to Laboratory and Diagnostic Tests, by Rick Daniels, 2014, pg. 274.

Decision rationale: While Delmar's Guide to Laboratory and Diagnostic Tests does state that indications for CPK include evidence or suspicion of myopathy due to alcoholism, electrical cardioversion, cardiac catheterization, stroke, and/or surgery, in this case, however, there is no clearly voiced suspicion of any of the aforementioned concerns. There is no evidence that the applicant was suspected of having an acute MI or acute cardiomyopathy. No rationale for the test in question was provided. Therefore, the request is not medically necessary.

C-REACTIVE PROTEIN (CRP): Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 269.

Decision rationale: The CRP is a nonspecific inflammatory marker and can, in some cases, be used as a marker for arthritis. While the ACOEM Guidelines do support testing for comorbid conditions such as arthritis, diabetes, hypothyroidism, etc. in some applicants with hand and wrist complaints in whom the history indicates such comorbidities may be present, in this case, however, there was no clearly voiced suspicion of any of the aforementioned comorbidities. There was no mention that arthritis or other widespread systemic disease process was suspected here. No rationale for the test in question was provided. Therefore, the request is not medically necessary.

MAGNETIC RESONANCE IMAGING (MRI) OF THE LUMBAR SPINE: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304.

Decision rationale: As noted in the ACOEM Guidelines, imaging studies should be reserved for cases in which surgery is considered or red flag diagnoses are being evaluated. In this case, however, there is no mention of the applicant's actively considering or contemplating lumbar spine surgery. There is no mention of any red flag issues, which would compel lumbar MRI imaging. There is no evidence of progressively worsening lower extremity weakness, for example, which would suggest a new or worsening lumbar radiculopathy. There is no evidence that the applicant would act on the results of the study in question and/or consider a surgical remedy. Therefore, the request is not medically necessary.

PHYSICAL THERAPY 12 SESSIONS: 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: The 12-session course of treatment proposed represent treatment in excess of the 9- to 10-session course recommended by the Chronic Pain Medical Treatment Guidelines for myalgias and myositis of various body parts, the issue suspected here. In this case, no rationale for treatment this far in excess of the guideline was provided. It is not clearly stated why the applicant needed further physical therapy. It is further noted that the applicant had seemingly plateaued with earlier physical therapy. Permanent work restrictions were in place from visit to visit, arguing against any lasting benefit or functional improvement with earlier treatment. It is further noted that the Chronic Pain Medical Treatment Guidelines endorse tapering or fading the frequency of treatment over time, active therapy, active modalities, and self-directed home physical medicine. Therefore, the request is not medically necessary.

URINE TOXICOLOGY SCREEN: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: While the Chronic Pain Medical Treatment Guidelines do support intermittent drug testing in the chronic pain population, the guidelines do not establish specific parameters for or establish a frequency with which to perform drug testing. The ODG states that

an attending provider should clearly state which drug tests and/or drug panels he intends to test for along with the request for authorization. The attending provider should also attach the applicant's complete medication list to the request for testing. The attending provider did not state which drug tests and/or drug panels were being tested here, nor did the attending provider state when the last time the applicant was tested. The attending provider did not attach the applicant's complete medication list to the request for testing. Therefore, the request is not medically necessary.