

<b>Case Number:</b>	CM13-0034042		
<b>Date Assigned:</b>	12/06/2013	<b>Date of Injury:</b>	05/01/2006
<b>Decision Date:</b>	02/06/2014	<b>UR Denial Date:</b>	10/03/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/11/2013

### 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:

Thus far, the applicant has been treated with the following: Analgesic medications; MRI imaging of the left shoulder of November 6, 2013, notable for acromioclavicular arthritis, calcific tendinitis, infraspinatus tendinitis, and cyst formation; MRI of the right hand of November 6, 2013, notable for a subchondral cyst formation, and otherwise negative; MRI of the left hand of November 6, 2013, notable for a subchondral cyst, and otherwise unremarkable; MRI of the lumbar spine on November 6, 2013, notable for spondylitic changes and a 2 mm to 3 mm posterior disc bulge at L4-L5 of uncertain clinical significance; MRI of the right knee of November 6, 2013, notable for intrasubstance meniscal degeneration; topical compounds; and extensive periods of time off of work. In a utilization review report of October 3, 2013, the claims administrator denied a sleep study, certified electrodiagnostic testing of the upper extremities, denied electrodiagnostic testing of the lower extremities, denied physical therapy, denied a drug screen, denied a knee MRI, denied hand MRIs, denied a shoulder MRI, denied a functional capacity evaluation, denied an orthopedic consultation, approved an internal medicine consultation, and denied an interferential stimulator as well as several topical compounds. The applicant's attorney subsequently appealed. An earlier note of September 18, 2013, is the applicant's first visit with a new attending provider to whom she has transferred care. The applicant is alleging cumulative trauma, it seems, and is off of work, on total temporary disability. She has a history of having filed multiple workers' compensation claims and now reports neck pain, shoulder pain, blurred vision, right arm pain, hand pain, wrist pain, low back pain, and knee pain, ranging from 1/10 to 9/10. The applicant is diabetic, hypertensive, anxious, depressed, and also has dyslipidemia. She is status post prior carpal tunnel release surgeries in 2001. Left shoulder range o

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Sleep study:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines for Polysomnography.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Schutte-Rodin S; Broch L; Buysse D; Dorsey C; Sateia M. Clinical Guideline for the evaluation and management of chronic in- somnia in adults. J Clin Sleep Med 2008;4(5):487-504

**Decision rationale:** The MTUS does not address the topic. As noted by the American Academy of Sleep Medicine (AASM), however, sleep studies are not indicated in the routine evaluation of insomnia, and, in particular, insomnia due to psychiatric or neuropsychiatric disorders. In this case, the applicant in fact does have psychiatric issues with stress, anxiety, depression, etc., all of which call in the question of presence of any bona fide sleep disorder for which a sleep study might be indicated. Therefore, the request is not certified as the applicant does not seemingly carry a suspected diagnosis of sleep apnea, movement disorder, etc., for which sleep testing would be indicated.

**NVC of bilateral lower extremities:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**Decision rationale:** The MTUS does not address the topic. As noted in the Third Edition ACOEM Guidelines on nerve conduction testing, nerve conduction studies can rule out other conditions which may mimic sciatica, such as generalized compression neuropathy, peroneal neuropathy, etc. In this case, the applicant does carry active diagnoses of diabetes and hypertension, it is suggested on the progress report referenced above. Thus, she has some disease process which could lead to development of lower extremity peripheral neuropathy. Therefore, the request is certified, on independent medical review.

**EMG of bilateral lower extremities:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

**Decision rationale:** As noted in the MTUS-adopted ACOEM Guidelines in Chapter 12, EMG testing can be employed to identify subtle, focal neurologic dysfunction in those individuals with low back and/or leg symptoms which last greater than three to four weeks. In this case, the applicant does have ongoing issues with low back pain radiating into the legs. MRI imaging, referenced above, was largely equivocal/negative. EMG testing to help identify whether or not the applicant has a definitive radiculopathy is indicated. Therefore, the request is certified.

**12 physiotherapy sessions:** 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 Physical Therapy Guidelines.

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

**Decision rationale:** It is not clearly stated how much prior physical therapy treatment the applicant has had over the life of the claim. It is noted, however, the applicant is transferring care to her current provider from a previous provider. No clear goals for therapy have been proffered. The 12 sessions of treatment alone would represent treatment in excess of the 9 to 10-session course recommended on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines. Page 99 of the MTUS Chronic Pain Medical Treatment Guidelines further endorses active therapy, active modalities, and tapering and/or fading the frequency of treatment over time. The request for 12 sessions of treatment would seemingly contravene numerous MTUS directives, then. Therefore, the request is not certified

**Drug screening urinalysis:** 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 rationale:** While page 43 of the MTUS Chronic Pain Medical Treatment Guidelines does endorse intermittent urine drug testing in the chronic pain population, the MTUS does not establish specific parameters for or discuss the frequency with which to perform drug testing. As noted in the ODG Chronic Pain Chapter, urine drug testing topic, an attending provider should clearly specify a complete list of those medications which an applicant is taking before suggesting urine drug testing. In this case, however, the attending provider did not clearly detail the applicant's medication list but suggested that the applicant was using unspecified and un-recalled medications on September 8, 2013. ODG further notes that an attending provider should clearly state those drug tests and/or drug panels which he is testing for along with the request for authorization. In this case, the attending provider did not seemingly furnish a list of drug tests and/or drug panels which she was testing for along with the request for authorization. Thus,

several ODG criteria for urine drug testing have not seemingly been met. Accordingly, the request is not certified.

**MRI of the right knee:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

**Decision rationale:** As noted in the MTUS-adopted ACOEM Guidelines in Chapter 13, Table 13-6, MRI imaging is recommended to determine the extent of ACL tears preoperatively. It is not recommended for lateral collateral ligament tears. In this case, the attending provider does not clearly provide the suspected diagnosis or differential diagnosis along with the request for authorization. The attending provider does not clearly state how or why the testing would alter the treatment plan. The attending provider does not state that the applicant was considering knee surgery for an ACL tear. Given the multifocal nature of the applicant's complaints, MRI imaging was of little value here. The testing itself was ultimately largely negative and failed to reveal any clear lesion amenable to surgical correction. Therefore, the request is retrospectively not certified.

**MRI of bilateral hands:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation the Official Disability Guidelines, Forearm, Wrist, & Hand (Acute & Chronic)

**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, Table 11-7, MRI imaging is deemed "optional" prior to history and physical examination by a qualified specialist. In this case, there is no indication or evidence that the applicant had a lesion which was amenable to discovery via MRI imaging. No clear rationale for the wrist MRI was sought. Most of the information on file suggested that the applicant carried a diagnosis of carpal tunnel syndrome. The applicant has previously had surgery for carpal tunnel syndrome, it is further noted. As noted in the MTUS-adopted ACOEM Guidelines in Chapter 11, Table 11-6, MRI imaging is "a 1 out of 4 in its ability to identify and define suspected carpal tunnel syndrome, while electrodiagnostic testing, conversely, scored a 4 out of 4 in its ability to identify and define suspected carpal tunnel syndrome." In this case, the attending provider did not state why he needed MRI imaging to help further establish the diagnosis of carpal tunnel syndrome, which is already seemingly clinically evident. Therefore, the request is not certified.

**MRI of the left shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 208-209.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

**Decision rationale:** As noted in the MTUS-adopted ACOEM Guidelines in Chapter 9, Table 9-6, MRI imaging is indicated in the preoperative evaluation of partial-thickness or large full-thickness rotator cuff tears. In this case, while the applicant did have shoulder complaints, signs of shoulder impingement, and limited shoulder range of motion, there is no evidence that the applicant intended to consider surgery for a full-thickness or a large partial-thickness rotator cuff tear. Given the multifocal nature of the applicant's complaints and attendant psychiatric issues, it appears highly unlikely that the applicant would consider shoulder surgery or be a shoulder surgery candidate. The MRI imaging ultimately performed was largely negative. Therefore, the request is retrospectively not certified.

**Functional capacity evaluation:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Fitness For Duty.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 125. Decision based on Non-MTUS Citation ACOEM Practice Guidelines 2nd Ed., Independent Medical Examinations and Consultations Chapter 7, pgs. 137-138

**Decision rationale:** While page 125 of the MTUS Chronic Pain Medical Treatment Guidelines does suggest that functional capacity evaluations can be employed as a precursor to enrollment in a work hardening or work conditioning program, in this case, however, there is no evidence that the applicant is intent on attending a work hardening and/or work conditioning program. As further noted in Chapter 7 ACOEM Guidelines on FCE testing, FCEs are overly used, widely promoted, and are not necessarily an accurate representation and characterization of what an applicant can or cannot do in the workplace. In this case, the applicant does not have a job to return to, is off of work, on total temporary disability, and seemingly has no intention of returning to work. It is unclear what role FCE testing would serve in this context. Therefore, the request is not certified.

**Capsaicin 0.025%, Flurbipofen 30%, Tramadol 20%, Menthol 2%, Camphor 2%:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines Page(s): 111.

**Decision rationale:** As noted in the MTUS-adopted ACOEM Guidelines in Chapter 3, oral pharmaceuticals are a first-line palliative method. In this case, there is no evidence of

intolerance to and/or failure of first-line oral pharmaceuticals so as to make a case for usage of topical agents or topical compounds which are, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines "largely experimental." Therefore, the request is not certified.

**Flurbipofen 20%, Tramadol 20:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines Page(s): 111.

**Decision rationale:** Again, as noted in the MTUS-adopted ACOEM Guidelines in Chapter 3, oral pharmaceuticals are a first-line palliative method. In this case, the applicant was described on the September 18, 2013, office visit as being issued prescriptions for both oral Motrin and Naprosyn, effectively obviating the need for topical agents or topical compounds which are, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines "largely experimental." Therefore, the request is not certified.

**Interferential unit:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 120.

**Decision rationale:** As noted on page 120 of the MTUS Chronic Pain Medical Treatment Guidelines, a one-month trial of interferential stimulation may be employed in those individuals in whom pain is ineffectively controlled with analgesic medications and/or those individuals with evidence of intolerance to analgesic medications. Ultimately, individuals with a history of substance abuse that would prevent analgesic medication prescription would also qualify for a one-month trial of an interferential current stimulation. In this case, however, the applicant does not seemingly meet any of the aforementioned criteria. It is further noted the attending provider seemingly sought purchase of the interferential unit without an intervening trial of the same. For all of these reasons, the request is not certified.

**Orthopedic consultation:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints, Chapter 12 Low Back Complaints Page(s): 179-180, 270,305-306.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

**Decision rationale:** As noted in the MTUS-adopted ACOEM Guidelines in Chapters 9, 11, 12, and 13, referral for surgical consultation is indicated in those applicants who have clear clinical and imaging evidence of a lesion which has been shown to benefit, in both the short and long term, from surgical repair. In this case, as noted above, several MRI imaging studies of the hands, wrists, low back, shoulder, and knee failed to uncover any specific evidence of a lesion which might be amenable to surgical correction. Pursuit of an orthopedic surgery consultation is not indicated in this context. Therefore, the request is not certified