

Case Number:	CM13-0052849		
Date Assigned:	12/30/2013	Date of Injury:	06/27/2002
Decision Date:	06/09/2014	UR Denial Date:	10/16/2013
Priority:	Standard	Application Received:	11/18/2013

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 Physical Medicine and Rehabilitation, 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 injured worker is a 55 year old male who reported an injury on 06/27/2002. The mechanism of injury was not provided. Per the 10/18/2013 clinical note, the injured worker reported 6/10 radiating neck pain, 6-7/10 radiating low back pain, 7/10 left shoulder pain, 7-8/10 left wrist/hand pain, and 5/10 left knee pain. Left shoulder range of motion was noted at 80 degrees of forward flexion, 20 degrees of extension, 110 degrees of abduction, 30 degrees of adduction, 60 degrees of internal rotation, and 50 degrees of external rotation. Objective findings included tender cervical and lumbar spines with spasm, and decreased sensation in the left upper extremity C6-8 dermatome. The injured worker's diagnoses included neck sprain/strain, brachial neuritis or radiculitis, lumbar disc protrusion, lumbar radiculopathy, left shoulder internal derangement, left shoulder osteoarthritis, insomnia, and status post left wrist and knee surgeries. Treatment to date included shockwave therapy, physical therapy, acupuncture, and medications. The request for authorization forms for a urine drug screen, Lortab, Tizanidine, physical therapy, EKG, cardiovagal innervation, beat-to-beat blood pressure responses to the Valsalva maneuver, and diagnostic testing were submitted on 10/09/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRESCRIPTION OF LORTAB 7.5MG, #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-80 and Opioids for chronic pain, page(s) 80-82.

Decision rationale: The request for 1 prescription of Lortab 7.5mg #120 is not medically necessary. In regards to opioid management, the CA MTUS guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Measures of pain assessment that allow for evaluation of the efficacy of opioids and whether their use should be maintained include the following: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. The medical records provided indicate an ongoing prescription for Lortab. Urine drug screens performed 09/04/2013 and 10/14/2013 showed normal results for Hydrocodone. The injured worker reported 6-7/10 pain with medications, 3-4/10 pain with medications, and no side effects. There is a lack of documentation to evaluate the efficacy of the medication or improvement in functional status. As such, the request is not medically necessary.

PRESCRIPTION OF TIZANIDINE 4MG, #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66.

Decision rationale: The request for 1 prescription of Tizanidine 4mg #60 is not medically necessary. The CA MTUS guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic lower back pain. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. In most lower back pain cases, muscle relaxants show no benefit beyond NSAIDs in pain and overall improvement. The medical records provided indicate an ongoing prescription for Tizanidine since at least 01/28/2013. The guidelines do not support the long term use of this medication. Also, the efficacy of the medication is unclear. As of 10/14/2013, the injured worker was still experiencing cervical and lumbar spasms. As such, the request is not medically necessary.

1 URINE DRUG SCREEN: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (Opiates, steps to avoid misuse/addiction).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43.

Decision rationale: The request for 1 urine drug screen is not medically necessary. The CA MTUS guidelines recommend drug testing as an option, using a urine drug screen to assess for the

use or the presence of illegal drugs. The medical records provided indicate the injured worker has an ongoing prescription for Lortab. Urine drug screens performed on 09/04/2013 and 10/14/2013 showed no aberrant use. There is no evidence of misuse of the medication to warrant an additional urine drug screen. As such, the request is not medically necessary.

DECISION FOR 8 PHYSICAL THERAPY VISITS FOR THE LEFT SHOULDER:

Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 212, Chronic Pain Treatment Guidelines Physical Therapy, Shoulder: Table 9-6: Summary of Recommendations for Evaluating and Managing Shoulder Complaints; ACOEM Guidelines, Chapter 9, Shoulder Complaints, 2004, pg. 212..

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

Decision rationale: The request for 8 physical therapy visits for the left shoulder is not medically necessary. The CA MTUS guidelines recommend 8-10 visits over 4 weeks for neuralgia, neuritis, and radiculitis with the fading of treatment frequency, plus active self-directed home physical medicine. As of 10/14/2013, the injured worker had been to physical therapy. The date and duration of therapy were not provided. He reported the visits provided no relief and only increased his pain; therefore, he discontinued physical therapy. It would appear the injured worker did not experience any pain relief or functional improvement from physical therapy. It is unclear if a self-directed home physical medicine program was being utilized by the injured worker. He was awaiting authorization for shoulder surgery. As such, the request is not medically necessary.

ONE ADRENERGIC: BEAT TO BEAT BLOOD PRESSURE RESPONSES TO VALSALVA MANEUVER: 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 Agnieszka Zygmunt corresponding author and Jerzy Stanczyk. Methods of evaluation of autonomic nervous system function. Arch Med Sci. Mar 1, 2010; 6(1): 11-18. Available at: <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3278937>.

Decision rationale: The request for 1 adrenergic: beat-to-beat blood pressure responses to the Valsalva maneuver is not medically necessary. Vasomotor adrenergic innervation testing is used to evaluate the response of beat-to-beat blood pressure to the Valsalva maneuver. The Valsalva maneuver causes an increase in intrathoracic pressure and reduces venous return which leads to reflex vasoconstriction and blood pressure changes. The rationale for this request was not provided. The medical records provided do not indicate the injured worker is experiencing any pulmonary symptoms nor has a history of an autonomic nervous system disorder to warrant the use of a vasomotor adrenergic innervation test. As such, the request is not medically necessary.

ONE CARDIOVAGAL INNERVATION AND HEART-RATE VARIABILITY TEST:

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 Agnieszka Zygmunt corresponding author and Jerzy Stanczyk. Methods of evaluation of autonomic nervous system function. Arch Med Sci. Mar 1, 2010; 6(1): 11-18. Available at: <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3278937/>.

Decision rationale: The request for 1 Cardiovagal innervations and heart-rate variability test is not medically necessary. Cardiovagal innervation testing uses an electrocardiogram to evaluate the heart's response to deep breathing and the Valsalva maneuver. The rationale for this request was not provided. The medical records provided do not indicate the injured worker is experiencing any pulmonary symptoms nor has a history of an autonomic nervous system disorder to warrant the use of a Cardiovagal innervation test. As such, the request is not medically necessary.

ONE EKG TEST: 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 Official Disability Guidelines (ODG) Low Back, Preoperative electrocardiogram (ECG).

Decision rationale: The request for 1 (EKG) electrocardiogram test is not medically necessary. The Official Disability Guidelines state a preoperative ECG for an intermediate risk procedure is recommended for patients with known coronary heart disease, peripheral arterial disease, or cerebrovascular disease. A preoperative ECG may be reasonable for patients with at least one of the following clinical risk factors: history of ischemic heart disease; history of compensated or prior heart failure; or history of cerebrovascular disease, diabetes mellitus, or renal insufficiency. As of 10/14/2013, the injured worker was awaiting authorization for shoulder surgery. The medical records provided do not indicate the injured worker was experiencing any cardiovascular symptoms to warrant an electrocardiogram. There was also no history of ischemic heart disease, heart failure, cerebrovascular disease, diabetes mellitus, or renal insufficiency. The medical necessity for an electrocardiogram was not established. As such, the request is not medically necessary.

DIAGNOSTIC TESTS TO BE REPEATED APPROXIMATELY EVERY THREE MONTHS BETWEEN 9-4-13 AND 12-13-2013: 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 Agnieszka Zygmunt corresponding author and Jerzy Stanczyk. Methods of evaluation of autonomic nervous system function. Arch Med Sci. Mar 1, 2010; 6(1): 11-18. Available at: <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3278937>.

Decision rationale: The request for 1 diagnostic test to be repeated approximately every 3 months is not medically necessary. The submitted request does not specify the kind of diagnostic test to be performed. The request for authorization form submitted 10/09/2013 requested diagnostic testing to reevaluate the patient and monitor any disease progression attributable to a change in clinical status of the patient's autonomic nervous system functioning. There is a lack of evidence to support a diagnosis of an autonomic nervous system disorder. There is no indication the injured worker was experiencing any pulmonary symptoms to warrant the use of diagnostic testing. As such, the request is not medically necessary.