

<b>Case Number:</b>	CM13-0064291		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	05/16/2008
<b>Decision Date:</b>	05/09/2014	<b>UR Denial Date:</b>	12/05/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/11/2013

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Neuromuscular Medicine, and is licensed to practice in Maryland. 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 patient is a 64-year-old who has a date of work injury September 4, 2013. The diagnoses include cervical musculoligamentous injury, cervical radiculopathy, thoracic musculoligamentous injury, lumbar musculoligamentous Injury, lumbar radiculopathy, left shoulder impingement syndrome, left shoulder sprain / strain, right shoulder impingement syndrome, right shoulder sprain / strain, left elbow sprain / strain, Right elbow sprain / strain, left wrist sprain / strain, status post surgery, left wrist, right wrist sprain / strain, Status post surgery, right wrist, loss of sleep, anxiety and depression. There is a November 5, 2013 PR-2 report that indicates that the patient complains of constant severe neck pain radiating to the arms, constant moderate upper back pain, constant moderate to severe achy, sharp low back pain radiating to legs, constant severe sharp bilateral shoulder pain; constant moderate dull, achy bilateral elbow pain, constant moderate achy, sharp moderate wrist pain, numbness and tingling, loss of sleep due to pain and depression and anxiety. The physical exam reveals a pulse of 75 and a blood pressure of 101/65. The exam of the cervical spine revealed tenderness to palpation of the bilateral trapezius and cervical paravertebral muscles as well as muscle spasm of the cervical paravertebral muscles. The cervical compression is positive. There is +3 tenderness to palpation of the thoracic paravertebral muscles. There is muscle spasm of the thoracic paravertebral muscles. There is +3, tenderness to palpation of the bilateral SI joints, L3-5 spinous processes and lumbar paravertebral muscles. The straight Leg raise is positive. There is +3 tenderness to palpation of the acromioclavicular joint, anterior shoulder and posterior shoulders bilaterally. There is +3 tenderness to palpation of the lateral elbow, medial elbow and posterior elbows bilaterally. There is tenderness, swelling, present at the left wrist. There is +3 tenderness to palpation of the dorsal wrist and volar wrist. Phalen's is positive. There is WHSS, swelling and

tenderness present at the right wrist. There is +3 tenderness to palpation of the dorsal wrist and volar wrist. Phalen's is positive. The plan included awaiting pain management consult for lumbar ESI, request psych consult for depression and anxiety. Request MRI of Cervical spine, refer patient for consult with Podiatrist (DPM) for pain in lower back and custom orthotics to correct altered biomechanics. The provider also recommends Cardio-Respiratory Diagnostic Testing (Autonomic Function Assessment) in his office, in order to objectively measure the patient's cardiac and respiratory autonomic nervous system functioning, and screen for any signs and symptoms arising out of the industrial injury that are known, with reasonable medical probability, to be Influenced or aggravated by autonomic Imbalance and dysfunction. During an injurious event, the nervous system provokes a biological defensive response to autonomic, endocrine and immune processes. Imbalanced cardiac and respiratory autonomic function reduces the body's ability to heal and may lead to chronic traumas. He also recommends undergo any necessary pulmonary and respiratory diagnostic testing, including a sleep disordered breathing study .

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **CONSULT FOR PAIN IN LOWER BACK: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS Independent Medical Examinations and Consultations Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 296.

**Decision rationale:** My rationale for why the requested treatment/service is or is not medically necessary: Consult for pain in the low back is not medically necessary per the Low Back Complaints Chapter of the ACOEM Practice Guidelines. The Low Back Complaints Chapter of the ACOEM Practice Guidelines also states that physical examination evidence of severe neurologic compromise that correlates with the medical history and test results may indicate a need for immediate consultation. The examination may further reinforce or reduce suspicions of tumor, infection, fracture, or dislocation. A history of tumor, infection, abdominal aneurysm, or other related serious conditions, together with positive findings on examination, warrants further investigation or referral. The specific request on documentation submitted reveals that the provider is requesting a consult for a podiatrist for the low back. A podiatrist specializes in issues with the feet. Elsewhere in this review it was deemed that custom orthotics for low back pain was not medically necessary. The request for consult for pain in the low back is not medically necessary as there are no red flag issues to refer to either a spine specialist, no need for orthotics from a podiatrist for low back pain, and no extenuating circumstances on documented history and physical exam submitted that require a consult for pain in the low back. The request for one consultation for pain in the lower back is not medically necessary or appropriate.

#### **CONSULT FOR CUSTOM ORTHOTICS: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): table 8-7.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg Chapter and Low Back Chapter, as well as the [REDACTED] Clinical Policy Bulletin - Foot Orthotics, Guideline Number: 0451

**Decision rationale:** A consult for custom orthotics is not medically necessary per the ODG guidelines. The MTUS does not discuss orthotics for lumbar pain. The ODG low back chapter has no recommendation for orthotics for lumbar pain. There is a mention of orthotics for mild knee osteoarthritis only. The Clinical Policy from [REDACTED] Number [REDACTED] addresses orthotics and states that Foot orthotics have no proven value for back pain. The documentation does not indicate and the patient has knee osteoarthritis. The request for custom orthotics is not medically necessary or appropriate.

**MRI CERVICAL SPINE:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Website [www.ncbi.nlm.nih.gov](http://www.ncbi.nlm.nih.gov)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

**Decision rationale:** An MRI of the cervical spine is not medically necessary per the Neck and Upper Back Complaints Chapter of the ACOEM Practice Guidelines. Also according to the Neck and Upper Back Complaints Chapter of the ACOEM Practice Guidelines, unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist. Furthermore, the guidelines state that criteria for ordering imaging studies are: emergence of a red flag or physiologic evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery, and clarification of the anatomy prior to an invasive procedure. The documentation submitted reveals a positive Spurling sign but there is no indication of specific nerve compromise on physical exam testing. There are no red flag findings, and there is no evidence patient is preparing for surgery.. The request for an MRI of the cervical spine is not medically necessary or appropriate.

**CARDIO-RESPIRATORY/AUTONOMIC FUNCTION ASSESSMENT:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), CRPS Chapter,

Diagnostic Tests Section, as well as the [REDACTED] policy [REDACTED] Autonomic Testing / Sudomotor Tests. And [REDACTED]- Autonomic Testing Policy [REDACTED]

**Decision rationale:** Cardio-respiratory/Autonomic function assessment is not medically necessary per the ODG guidelines as well as [REDACTED] polic [REDACTED]. The MTUS does not specifically address cardio-respiratory and autonomic function testing. Regarding Sudomotor measures, the ODG states: "Most formal diagnostic tests for this are laboratory based and not generally recommended." Additionally, [REDACTED] Policy [REDACTED] updated October 8, 2013, states that "The use of autonomic nervous system function testing for cardiovagal innervations is considered investigational and not medically necessary for all indications " The policy from [REDACTED] was reviewed which states, "[REDACTED] considers autonomic testing such as quantitative sudomotor axon reflex test (QSART), silastic sweat imprint, and thermoregulatory sweat test (TST) medically necessary for use as a diagnostic tool for any of the following conditions/disorders: Amyloid neuropathy,diabetic autonomic neuropathy,distal small fiber neuropathy,idiopathic neuropathy,multiple system atrophy,pure autonomic failure,reflex sympathetic dystrophy or causalgia (sympathetically maintained pain),Sjogren's syndrome.[REDACTED] considers autonomic testing experimental and investigational for all other indications (e.g., chronic fatigue syndrome/myalgic encephalomyelitis, postural tachycardia syndrome, Raynaud phenomenon, and predicting foot ulcers) because its effectiveness for indications other than the ones listed above has not been established."There are no clear indications from documentation submitted that patient has clinical implications of any of the above stated diseases and/or conditions. The request for cardio-respiratory/autonomic function assessment is not medically necessary or appropriate.

**SPIROMETRY AND PULMONARY FUNCTION AND STRESS TESTING:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Fitness for Duty Chapter, Pulmonary Testing Section, as well as the website [www.uptodate.com](http://www.uptodate.com)

**Decision rationale:** Spirometry and pulmonary function and stress testing are not medically necessary. The spirometry and pulmonary function testing are not medically necessary per the ODG guidelines. The stress testing is not medically necessary per the online reference [www.uptodate.com](http://www.uptodate.com) which reviews current evidence based guidelines for medical decisions. The ODG recommends pulmonary function testing/spirometry in patients who have such conditions as asthma, chronic lung disease or are preparing for lung surgery. The current evidence based guidelines for exercise stress testing do not recommend cardiac stress testing in asymptomatic patients. The request for spirometry and pulmonary function and stress testing is not medically necessary or appropriate.

**SLEEP DISORDERS BREATHER RESPIRATORY 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, Pulmonary Chapter

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Polysomnography Section

**Decision rationale:** Sleep disorders breather respiratory study is not medically necessary per the ODG guidelines. The MTUS was reviewed but does not specifically address insomnia or this particular testing. According to the ODG polysomnography is recommended recommended after at least six months of an insomnia complaint (at least four nights a week), unresponsive to behavior intervention and sedative/sleep-promoting medications, and after psychiatric etiology has been excluded. The request for sleep disorders breather respiratory study is not medically necessary and appropriate.

**PSYCHIATRIC CONSULTATION:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS Independent Medical Examinations and Consultations Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 398.

**Decision rationale:** The Physician Reviewer's decision rationale: : Psychiatric consultation is medically necessary according to the Stress Related Conditions Chapter of the ACOEM Practice Guidelines. Also according to the Stress Related Conditions Chapter of the ACOEM Practice Guidelines it is recognized that primary care physicians and other non psychological specialists commonly deal with and try to treat psychiatric conditions. It is recommended that serious conditions such as severe depression and schizophrenia be referred to a specialist, while common psychiatric conditions, such as mild depression, be referred to a specialist after symptoms continue for more than six to eight weeks. The practitioner should use his or her best professional judgment in determining the type of specialist. The documentation submitted from June 27, 2013 by a psychologist indicates that the patient has an adjustment disorder with mixed anxiety and depressed mood, a chronic pain Disorder and recommends referral to a psychiatrist for further evaluation and possibly medications. The request for a psychiatric consultation is medically necessary and appropriate.