

<b>Case Number:</b>	CM13-0071759		
<b>Date Assigned:</b>	04/18/2014	<b>Date of Injury:</b>	01/19/2010
<b>Decision Date:</b>	06/30/2014	<b>UR Denial Date:</b>	12/10/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/26/2013

### 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 & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Ohio. 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 33-year-old female with a reported date of injury on 01/09/2010. The injury reportedly occurred when the injured worker attempted to talk to Human Resources about her stressful work environment, but was ignored, causing her to experience high levels of stress. In addition, the injured worker passed out and fell back onto the counter space and landed on the floor. The injured worker complained of neck pain radiating to the left upper extremity with numbness and tingling. The injured worker rated her pain at 6/10. The injured worker's cervical range of motion was demonstrated as flexion to 40 degrees, extension to 50 degrees, right and left rotation 65 degrees, right and left lateral flexion to 35 degrees. In addition, the injured worker's left shoulder range of motion presented at forward flexion to 170 degrees, extension 35 degrees, abduction 170 degrees, adduction 50 degrees, and internal and external rotation to 80 degrees. The injured worker's lumbar range of motion presented at flexion to 50 degrees, extension 0 degrees, and right and left lateral flexion to 50 degrees. According to the documentation available for review, the injured worker had urine drug screen test performed on 08/16/2013, 09/19/2013, and 10/17/2013. The urine drug screen documentation provided for review indicated inconsistencies with Oxycodone and Zolpidem which were not detected, which would not be expected with the prescribed medications. The lumbar MRI performed on 08/22/2013, revealed straightening of the lumbar lordotic curvature with restricted range of motion in flexion and extension which may reflect an element of myospasm. The injured worker's medication regimen included codeine, Soma, Zolpidem, and cyclobenzaprine. The injured worker's diagnoses included headache, cervical radiculitis, thoracic sprain/strain, lumbar radiculopathy, left shoulder sprain/strain, stress, idiopathic peripheral autonomic neuropathy, and unspecified disorder of autonomic nervous system. The request for authorization for [REDACTED]

██████████ drug metabolism laboratory test, extracorporeal shockwave lithotripsy, and lumbar spine ultrasound was submitted on 12/20/2013. On 11/22/2013, the requesting physician noted that results of testing with ██████████ ██████████ will aide in medication management to control the injured worker's current pain levels. In addition, the physician noted that the sound waves promoted by extracorporeal shockwave lithotripsy will stimulate healing for many physical disorders including chronic pain of the lumbar spine. Rationale for the request for lumbar ultrasound was not provided with the request

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

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

#### **██████████ DRUG METABOLISM LABORATORY TEST: 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 Chronic Pain Medical Treatment Guidelines Cytokine DNA Testing for Pain, Page(s): 42.

**Decision rationale:** According to the California Medical Treatment Utilization Schedule (MTUS) Guidelines, Cytokine DNA testing for pain is not recommended. There is no current evidence to support the use of Cytokine DNA testing for the diagnosis of pain, including chronic pain. In addition, ██████████ ██████████ are a corporation that offers laboratory testing to improve the selection, dosing, and evaluation of medications. ██████████ narcotic risk testing is a proprietary genetic test evaluating a panel of 12-genes involved in the production, transport, and receptor sites for brain chemicals in the mesolimbic dopamine system. The rationale for the test is unclear as the injured worker has not been identified as a poor responder to opioid medication. In addition, this type of testing has not been determined to be medically necessary based on evidence based subjective findings. The urine drug screen dated 08/16/2013, 09/19/2013, and 10/17/2013, revealed that the injured worker was inconsistent with Zolpidem and Oxycodone. The inconsistent medications were prescribed, but did not appear in the urine drug screen. The list of medications prescribed for the injured worker did not provide frequency of use. There is a lack of documentation regarding the physician's concern for misuse or abuse of prescribed medications. Therefore, the rationale for the request is unclear. Therefore, the request for ██████████ ██████████ drug metabolism laboratory test is not medically necessary and appropriate.

#### **EXTRACORPOREAL SHOCKWAVE LITHOTRIPSY: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: AMERICAN COLLEGE OF OCCUPATIONAL ENVIRONMENTAL MEDICINE, ,

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chronic Pain Medical Treatment Guidelines Cytokine DNA Testing for Pain,

**Decision rationale:** According to the Official Disability Guidelines, shockwave therapy is not recommended. The available evidence does not support the effectiveness of ultrasound or shockwave for treating lower back pain. According to the guidelines, in the absence of such evidence, the clinical use of these forms of treatment is not justified and should be discouraged. Although the injured worker did complain of constant neck pain radiating to the left upper extremity with numbness and tingling, the clinical information failed to provide an adequate assessment of the lumbar spine. The rationale request for the shockwave treatment was to be utilized in the lumbar spine; however, the request as submitted failed to provide specify site at which shockwave therapy was to be utilized. Therefore, the request for extracorporeal shockwave lithotripsy is not medically necessary and appropriate.

**LUMBAR SPINE ULTRASOUND:** 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 Chronic Pain Medical Treatment Guidelines Ultrasound, therapeutic Page(s): 123.

**Decision rationale:** The California Medical Treatment Utilization Schedule (MTUS) Guidelines state that therapeutic ultrasound is not recommended. Therapeutic ultrasounds are one of the most widely and frequently used electro physical agents. Despite over 60 years of clinical use, the effectiveness of ultrasound for treating people with pain, musculoskeletal injuries, and soft tissue lesions remains questionable. According to the guidelines, there is little evidence that active therapeutic ultrasound is more effective than placebo ultrasound for treating people with pain or musculoskeletal injuries or for promoting soft tissue healing. The injured worker does have a diagnosis of lumbar sprain/strain and lumbar radiculopathy; however, the guidelines did not support the medical necessity. Therefore, the request for lumbar spine ultrasound is not medically necessary and appropriate.