MAXIMUS Federal Services

Case Number:	CM14-0006291		
Date Assigned:	03/03/2014	Date of Injury:	02/23/1999
Decision Date:	07/24/2014	UR Denial Date:	01/10/2014
Priority:	Standard	Application Received:	01/15/2014

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 Anesthesiology, has a subspecialty in Pain Management 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 patient is a 40-year-old male who has submitted a claim for degeneration of thoracic or thoracolumbar intervertebral disc and sprain of thoracic spine associated with an industrial injury date of February 23, 1999. Medical records from 2012 to 2014 were reviewed. The patient complained of pain across the mid and upper back with pain extending into the top of the right and left shoulders as well as some neck pain. These were accompanied by numbness in the bilateral arms and legs as well as some sternal pain on occasion including periodic popping involving his sternal mid region. The pain was rated 7/10 on a pain scale. Physical examination showed a heel-toe gait without antalgic component; limitation of motion of the cervical spine; cervical, upper and mid thoracic paraspinous and trapezial tenderness and muscle spasms. The diagnoses were thoracic degenerative disc disease, thoracic sprain, thoracic dorsalgia, thoracic myofascial pain syndrome, thoracic compression fracture, lumbago, encounter for long-term use of other medications, and encounter for therapeutic drug monitoring. Current pain medications include Norco, Naprosyn, Protonix, Flurbiprofen 20%/lidocaine 2% cream, and Menthoderm cream. April 9, 2013 progress report states that the patient has had multiple opioid analgesic medications including hydrocodone, oxycodone, morphine, hydromorphone, fentanyl, and tapentadol. However, the patient only receives relief from the high dose of hydrocodone/APAP (greater than 8 per day). The patient was previously recommended to undergo genomic testing to ascertain whether he has a variant phenotype of the CYP2d6 enzyme interfering with his opioid metabolism. Treatment plan includes requests for chiropractic care, massage therapy, and genomic testing. Treatment to date has included oral and topical analgesics, physical therapy, home exercises, acupuncture, massage, spinal injections and chiropractic care. Utilization review from January 10, 2014 denied the requests for chiropractic care times one month, unspecified sessions and massage therapy weekly times one month because previous courses of the requested

treatments were not available. The request for genomic testing was also denied because the medical necessity for this testing was not established by the clinical received.

IMR ISSUES, DECISIONS AND RATIONALES

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

CHIROPRACTIC CARE FOR ONE MONTH, UNSPECIFIED NUMBER OF SESSIONS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Page(s): 58.

Decision rationale: According to page 58 of the CA MTUS Chronic Pain Medical Treatment Guidelines, manual therapy is widely used in the treatment of musculoskeletal pain. Manipulation such as manual therapy moves a joint beyond the physiologic range-of-motion but not beyond the anatomic range-of-motion. It is recommended as an option in the treatment of low back pain with a trial of 6 visits over 2 weeks. With evidence of objective functional improvement, a total of up to 18 visits over 6-8 weeks can be given. In this case, the patient was noted to have undergone chiropractic treatment. However, there was no documentation regarding the total number of visits and response to treatment. It is unclear whether additional sessions would exceed guideline recommendations or if the patient has improved with treatment. The medical necessity has not been established due to lack of information. Moreover, the request did not specify the number of sessions and body part to be treated. Therefore, the request for chiropractic care for one month, unspecified number of sessions is not medically necessary.

MASSAGE THERAPY WEEKLY TIMES ONE MONTH: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Page(s): 58.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Massage Therapy Page(s): 60.

Decision rationale: According to page 60 of the CA MTUS Chronic Pain Medical Treatment Guidelines, massage therapy should be an adjunct to other recommended treatment (e.g. exercise), and it should be limited to 4-6 visits in most cases. Massage is a passive intervention and treatment dependence should be avoided. This lack of long-term benefits could be due to the short treatment period or treatments such as these do not address the underlying causes of pain. In this case, the patient had previously received massage therapy sessions. However, there was no documentation regarding the total number of sessions and response to the treatment. The guidelines states lack of its long-term benefits and treatment dependence should be avoided. The medical necessity has not been established. Therefore, the request for massage therapy weekly for one month is not medically necessary.

GENOMIC TESTING, UNSPECIFIED: 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) Pain Chapter, Genetic testing.

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, Genetic testing for potential opioid abuse.

Decision rationale: CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, Official Disability Guideline was used instead. The Official Disability Guidelines (ODG) states that genetic testing for potential opioid abuse is not recommended. The level of evidence linking genetic variability to opioid response is strong; however, there has been no randomized clinical trial on the benefits of genetic testing. Translating pharmacogenetics to clinical practice has been particularly challenging in the context of pain, due to the complexity of this multifaceted phenotype and the overall subjective nature of pain perception and response to analgesia. In this case, hydrocodone/APAP intake was noted as far back as February 2013. He has been on several opioids but only receives relief from the high dose of hydrocodone/APAP (greater than 8 per day). The patient was recommended to undergo genomic testing to ascertain whether he has a variant phenotype of the CYP2d6 enzyme interfering with his opioid metabolism. The guideline does not support genetic testing for potential opioid abuse because studies are inconsistent, with inadequate statistics and large phenotype range. Moreover, the request did not specify the type of genomic testing to be done. Therefore, the request for genomic testing (unspecified)is not medically necessary.