

<b>Case Number:</b>	CM14-0107963		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	05/19/2005
<b>Decision Date:</b>	10/28/2014	<b>UR Denial Date:</b>	05/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/11/2014

### 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 Medically necessary in Family Medicine and is licensed to practice in North Carolina. 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 39-year-old with a reported date of injury of May 19, 2005. The patient has the diagnoses of diverticulitis, gastroesophageal reflux disease (GERD), overactive bladder, right bicep tear, left knee torn anterior cruciate ligament (ACL) and meniscus and obesity. Per the progress notes from the treating physician dated March 11, 2014, the patient came in for biometric screening for work. The physical exam noted no abnormalities. Treatment plan recommendations included ordering of lab work. Progress notes from May 19, 2014 addressed obesity and moderately low HDL through exercise and diet.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Complete Blood Count (CBC):** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-208, Chronic Pain Treatment Guidelines Page(s): 70.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Routine Suggested Monitoring.

**Decision rationale:** The California Chronic Pain Medical Treatment Guidelines recommends measuring liver transaminases within 4 to 8 weeks after starting NSAID therapy, but the interval of repeating lab tests after this treatment duration has not been established. The other indications

for a complete blood count may be to assess potential infection, pre-surgery, assess anemia/thrombocytopenia, assess immune compromise or assess blood marrow function. In this case, the patient is not on medication requiring routine CBC surveillance and there is no mention of specific disease state assessment in the documentation that would require a CBC. For these reasons, the request is not medically necessary.

**C-Reactive Protein (CRP): Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-208,Chronic Pain Treatment Guidelines Page(s): 70.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines routine suggested monitoring.

**Decision rationale:** The California Chronic Pain Medical Treatment Guidelines recommends measuring liver transaminases within 4 to 8 weeks after starting NSAID therapy, but the interval of repeating lab tests after this treatment duration has not been established. The other indications for a C-Reactive Protein may be to assess potential infection, risk for developing coronary artery disease or generalized inflammation in the body. The patient does have a history of low HDL but no other indication is documented for the need of a C-Reactive Protein. For these reasons, the request is not medically necessary.

**Creatine Phosphokinase (CPK): Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-208,Chronic Pain Treatment Guidelines Page(s): 70.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines routine suggested monitoring.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines recommends measuring liver transaminases within 4 to 8 weeks after starting NSAID therapy, but the interval of repeating lab tests after this treatment duration has not been established. The other indications for a creatine phosphokinase may be to assess for heart attacks, muscle damage, dermatomyositis, polymyositis, postoperative infection, malignant hyperthermia or other muscle disease. This patient has no indication of any of these disease states. Therefore, the request is not medically necessary.

**Chemistry 8 lab test: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-208,Chronic Pain Treatment Guidelines Page(s): 70.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines routine suggested monitoring.

**Decision rationale:** The California Chronic Pain Medical Treatment Guidelines recommends measuring liver transaminases within 4 to 8 weeks after starting NSAID therapy, but the interval of repeating lab tests after this treatment duration has not been established. The other indications for a Chemistry 8 Count may be to assess renal disease, electrolyte imbalance, glucose metabolism disorders, or other metabolic diseases. In this case, the patient is not on medication requiring routine Chemistry 8 Panel surveillance and there is no mention of specific disease state assessment in the documentation that would require a Chemistry 8 Panel. For these reasons, the request is not medically necessary.

**Arthritis lab panel:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-208, Chronic Pain Treatment Guidelines Page(s): 70.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Guidelines routine suggested monitoring.

**Decision rationale:** The California Chronic Pain Medical Treatment Guidelines recommends measuring liver transaminases within 4 to 8 weeks after starting NSAID therapy, but the interval of repeating lab tests after this treatment duration has not been established. The other indications for an arthritis lab panel may be to assess potential rheumatologic disorders like rheumatoid arthritis, ankylosing spondylosis or lupus. In this case, the patient is not on medication requiring routine arthritis lab panel surveillance and there is no mention of specific disease state assessment in the documentation that would require an arthritis lab panel. For these reasons, the request is not medically necessary.

**Hepatic lab panel:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-208, Chronic Pain Treatment Guidelines Page(s): 70.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines routine suggested monitoring.

**Decision rationale:** The California Chronic Pain Medical Treatment Guidelines recommends measuring liver transaminases within 4 to 8 weeks after starting NSAID therapy, but the interval of repeating lab tests after this treatment duration has not been established. The other indications for a hepatic lab panel may be to assess potential liver disease, gallbladder disease, jaundice or hepatitis. In this case, the patient is not on medication requiring routine hepatic lab panel surveillance and there is no mention of specific disease state assessment in the documentation that would require a hepatic lab panel. For these reasons, the request is not medically necessary.

**Magnetic Resonance Imaging (MRI) of the left shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-208.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 208..

**Decision rationale:** The ACOEM Practice Guidelines state that primary criteria for ordering imaging studies includes the emergence of a red flag (e.g., indications of intra-abdominal or cardiac problems presenting as shoulder problems); physiologic evidence of tissue insult or neurovascular dysfunction (e.g.,cervical root problems presenting as shoulder pain, weakness from a massive rotator cuff tear, or the presence of edema, cyanosis or Raynaud's phenomenon); failure to progress in a strengthening program intended to avoid surgery; and for clarification of the anatomy prior to an invasive procedure (e.g., a full thickness rotator cuff tear not responding to conservative treatment). The provided documentation does not show any emergence of red flags, evidence of tissue insult or neurovascular dysfunction, planned invasive procedure or physiologic evidence of neurovascular compromise. For these reason criteria set forth by the ACOEM Practice Guidelines have not been met and therefore the request is not medically necessary.

**Magnetic Resonance Imaging (MRI) of the Lumbar Spine:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-308.

**Decision rationale:** The ACOEM Practice Guidelines states that unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Indiscriminant imaging will result in false-positive findings, such as disk bulges, that are not the source of painful symptoms and do not warrant surgery. If physiologic evidence indicates tissue insult or nerve impairment, the practitioner can discuss with a consultant the selection of an imaging test to define a potential cause (magnetic resonance imaging [MRI] for neural or other soft tissue, computer tomography [CT] for bony structures). There is also no indication of cauda equina syndrome, fracture, infection or tumor as listed in table 12-8 the ACOEM Practice Guidelines. Therefore, the criteria as set forth in the ACOEM Practice Guidelines have not been met and the request is not medically necessary.

**X-rays of the left shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-208.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207.

**Decision rationale:** The ACOEM Practice Guidelines states that stress films of the AC joints (views of both shoulders, with and without patient holding 15-lb weights) may be indicated if the clinical diagnosis is AC joint separation. Care should be taken when selecting this test because the disorder is usually clinically obvious, and the test is painful and expensive relative to its yield. If an initial or recurrent shoulder dislocation presents in the dislocated position, shoulder films before and after reduction are indicated. Persistent shoulder pain, associated with neurovascular compression symptoms (particularly with abduction and external rotation), may indicate the need for an AP cervical spine radiograph to identify a cervical rib. The provided documentation of review list no shoulder complaints or abnormalities on physical exam. There is no evidence of shoulder dislocation, AC joint separation, fracture or neurovascular compromise. For these reasons, the criteria as set forth in the ACOEM Practice Guidelines have not been met and therefore the request is not medically necessary.

**Acupuncture (12-session, 2-times per week for 6-weeks, for the left shoulder and lumbar):**  
Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines acupuncture.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines states that acupuncture is used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. There is no documentation of current physical rehabilitation or surgery. There is no documentation of drug failure or intolerance. For these reasons criteria as set forth above per the California MTUS Guidelines have not been met. Therefore, the request is not medically necessary.

**Urinalysis Toxic Screen:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 94-95.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 76-84.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines states that On-Going Management should include: (a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy. (b) The lowest possible dose should be prescribed to improve pain and function. (c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include 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. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased

level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. (d) Home: To aid in pain and functioning assessment, the patient should be requested to keep a pain diary that includes entries such as pain triggers, and incidence of end-of-dose pain. It should be emphasized that using this diary will help in tailoring the opioid dose. This should not be a requirement for pain management. (e) Use of drug screening or inpatient treatment with issues of abuse, addiction, or poor pain control. (f) Documentation of misuse of medications (doctor-shopping, uncontrolled drug escalation, drug diversion). (g) Continuing review of overall situation with regard to nonopioid means of pain control. (h) Consideration of a consultation with a multidisciplinary pain clinic if doses of opioids are required beyond what is usually required for the condition or pain does not improve on opioids in 3 months. Consider a psych consult if there is evidence of depression, anxiety or irritability. Consider an addiction medicine consult if there is evidence of substance misuse. Guidelines state that opioids can continue (a) If the patient has returned to work (b) If the patient has improved functioning and pain. While urine drug screens have a routine role in the ongoing and continued treatment of a patient while they are on opioid therapy, this patient has no documentation of being on opioid therapy currently. There is also no documentation of aberrant or abuse, addiction or pain control. Therefore, the requested service is not medically necessary.

**Chiropractic Treatment (12-sessions, 2-times per week for 6-weeks, to the low back and left shoulder): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58-60. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM) California Guidelines Plus, Web based version; Harris J, Occupational medicine Practice Guidelines, 2nd edition (2004) page(s) 308-310

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines manual manipulation. Page(s): 58.

**Decision rationale:** The Chronic Pain Medical Treatment Guideline states that manual manipulation is recommended for chronic pain if caused by musculoskeletal conditions. Manual Therapy is widely used in the treatment of musculoskeletal pain. The intended goal or effect of Manual Medicine is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. Manipulation is manual therapy that moves a joint beyond the physiologic range-of-motion but not beyond the anatomic range-of-motion. Guidelines state that is it recommended as an option for the low back. Therapeutic care includes a trial of six visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-

8 weeks. Elective or maintenance care is not medically necessary. For recurrences/flare-ups treatment success needs to be reevaluated, if a return to work has been achieved then 1-2 visits every 4-6 months. The provided documentation does not mention any low back or shoulder complaints. In addition, the shoulder is not listed as a body part that manual manipulation is recommended as therapy per the California MTUS Guidelines. Therefore, the request is not medically necessary.

**Physiotherapy (12-sessions, 2-times per week for 6-weeks, to the low back and left shoulder): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back and Shoulder, Physical Therapy Guidelines

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine Page(s): 98-99.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines section on Physical Medicine recommended as indicated. For passive therapy (those treatment modalities that do not require energy expenditure on the part of the patient) can provide short-term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. They can be used sparingly with active therapies to help control swelling, pain and inflammation during the rehabilitation process. For active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Active therapy requires an internal effort by the individual to complete a specific exercise or task. This form of therapy may require supervision from a therapist or medical provider such as verbal, visual and/or tactile instruction(s). Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Home exercise can include exercise with or without mechanical assistance or resistance and functional activities with assistive devices. The use of active treatment modalities (e.g., exercise, education, activity modification) instead of passive treatments is associated with substantially better clinical outcomes. In a large case series of patients with low back pain treated by physical therapists, those adhering to guidelines for active rather than passive treatments incurred fewer treatment visits, cost less, and had less pain and less disability. The overall success rates were 64.7% among those adhering to the active treatment recommendations versus 36.5% for passive treatment. While physical therapy is a recommended therapy per the California MTUS Guidelines, there is no documentation provided for review that indicates shoulder or low back physical abnormalities. In the absence of such documentation, the request is not medically necessary.

**X-ray lumbar:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints  
Page(s): 309.

**Decision rationale:** The ACOEM Practice Guidelines states lumbar x-rays are recommended when red flags for fracture are present or when red flags for cancer are present. There is no documentation of lumbar pathology or symptoms provided in the documentation for review. In the absence of any documentation of lumbar complaints or abnormalities on the lumbar exam, the request is not medically necessary.