

Case Number:	CM14-0015663		
Date Assigned:	07/02/2014	Date of Injury:	02/26/2013
Decision Date:	09/12/2014	UR Denial Date:	01/21/2014
Priority:	Standard	Application Received:	02/07/2014

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 Occupational Medicine 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 29-year-old female who has submitted a claim for lumbar radiculopathy, lumbar degenerative disc disease, and lumbar disc displacement associated with an industrial injury date of 02/26/2013. Medical records from 08/26/2013 to 01/21/2014 were reviewed and showed that patient complained of low back pain graded 6-9/10 radiating both lower extremities. Physical examination revealed full lumbar spine ROM. Heel and toe walk were normal. FABER and pelvic compression tests were negative. MMT was 5/5 throughout the lower extremities. Sensation to light touch was decreased over bilateral calves. SLR test was positive on both sides. MRI of the lumbar spine was unremarkable. Of note, psychiatric review of systems dated 01/13/2014 was positive for anxiety and depression. Treatment to date has included unspecified visits of physical therapy, three ESIs (most recent 12/26/2013), codeine sulfate 30mg tablet (DOS 08/29/2013), Hydrocodone-Acetaminophen 5/325mg (08/29/2013), Ibuprofen 800mg (08/29/2013), Norco 5/325mg (DOS 08/26/2013), Tramadol 50mg (DOS 11/19/2013) Utilization review dated 01/21/2014 denied the request for physical therapy 2x6 for the lumbar spine because there was no documentation as to why the claimant cannot continue rehabilitation with HEP. Utilization review dated 01/21/2014 denied the request for acupuncture 2x6 for the lumbar spine because the modality does not give definitive treatment of any orthopedic conditions nor will it provide long-term relief. Utilization review dated 01/21/2014 denied the request for CBC, CPK, CRP, Chem 8, arthritis and hepatic panel because routine baseline labs were not required as prolonged use of medication was not required. Utilization review dated 01/21/2014 denied the request for POC urine drug screen because there was no information identifying drug misuse.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSIOTHERAPY TWO (2) TIMES SIX (6) FOR THE LUMBAR SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 474.

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

Decision rationale: According to pages 98-99 of the CA MTUS Chronic Pain Medical Treatment Guidelines, active therapy is recommended for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Physical medicine guidelines allow for fading of treatment frequency from up to 3 visits per week to 1 or less plus active self-directed home physical medicine. In this case, the patient already completed unspecified visits of physical therapy. It is unclear as to why the patient cannot self-transition into HEP. Moreover, functional outcomes derived from previous sessions were not documented. Therefore, the request for Physiotherapy two (2) times six (6) for the Lumbar Spine is not medically necessary.

ACUPUNCTURE TWO (2) TIMES SIX (6) FOR THE LUMBAR SPINE: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: According to the CA MTUS Acupuncture Medical Treatment Guidelines, acupuncture may be used as an option when pain medication is reduced or not tolerated or as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. The guidelines allow the use of acupuncture for a frequency and duration of treatment as follows: time to produce functional improvement 3-6 treatments, frequency of 1-3 times per week, and duration of 1-2 months. Additionally, acupuncture treatments may be extended if functional improvement is documented. In this case, there was no documentation of intolerance to oral medications. It is unclear as to whether acupuncture will be used as adjunct to physical rehabilitation, which is recommended by the guidelines for acupuncture treatment. There is no clear indication for acupuncture treatment based on the medical records. Therefore, the request for Acupuncture two (2) times six (6) for the Lumbar Spine is not medically necessary.

COMPLETE BLOOD COUNT: 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 Other Medical Treatment Guideline or Medical

Evidence: Laboratory Safety Monitoring of Chronic Medications in Ambulatory Care Settings, Journal of General Internal Medicine 2005 Volume 20, 331-333 (<http://onlinelibrary.wiley.com/doi/10.1111/j.1525-1497.2005.40182.x/full>).

Decision rationale: The CA MTUS does not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, and the Journal of General Internal Medicine 2005 was used instead. It states that a large proportion of patients receiving selected chronic medications did not receive recommended laboratory monitoring in the outpatient setting. Further research is needed to determine to what degree these lapses in laboratory monitoring are associated with adverse clinical outcomes, to identify relevant methods to improve monitoring, and to clarify monitoring needs. In this case, there was no documentation of any medical illness outside of lumbar pathology. There was no discussion as to why complete blood count is needed. The indication for complete blood count is unclear based on the available medical records. Therefore, the request for complete blood count is not medically necessary.

CREATINE PHOSPHOKINASE TEST (CPK): 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 Other Medical Treatment Guideline or Medical Evidence: Medline Plus, creatine phosphokinase test (<http://www.nlm.nih.gov/medlineplus/ency/article/003503.htm>).

Decision rationale: The 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, Medline Plus, Creatine Phosphokinase Test was used instead. According to the online search, this test may be used to diagnose heart attack, evaluate cause of chest pain, determine if or how badly a muscle is damaged; detect dermatomyositis, polymyositis, and other muscle diseases; and tell the difference between malignant hyperthermia and postoperative infection. In this case, there was no documentation of a cardiologic disease. Moreover, findings of a complete cardiologic physical examination and symptoms of cardiologic pathology were not made available. There is no clear indication for CPK test based on the available medical records. Therefore, the request for Creatine Phosphokinase Test (CPK) is not medically necessary.

C-REACTIVE PROTEIN (CRP) 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 Other Medical Treatment Guideline or Medical Evidence: Aetna Clinical Policy Bulletin: Cardiovascular Disease Risk Tests, High-sensitivity C-reactive protein (hs-CRP).

Decision rationale: The 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, and Aetna was used instead. Aetna considers high-sensitivity C-reactive protein (hs-CRP) testing medically necessary for members at risk for cardiovascular disease who meet the set criteria. Other than this, Aetna considers hs-CRP testing experimental and investigational, including use as a screening test for the general population and for monitoring response to therapy, because its clinical value for these uses has not been established. In this case, there was no objective evidence or discussion of risk for cardiovascular disease to warrant CRP testing. There is no clear indication for testing based on the available medical records. Therefore, the request for C-Reactive Protein (CRP) Test is not medically necessary.

CHEMISTRY EIGHT (8) 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 Other Medical Treatment Guideline or Medical Evidence: Laboratory Safety Monitoring of Chronic Medications in Ambulatory Care Settings, Journal of General Internal Medicine 2005 Volume 20, 331-333 (<http://onlinelibrary.wiley.com/doi/10.1111/j.1525-1497.2005.40182.x/full>);.

Decision rationale: The CA MTUS does not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, and the Journal of General Internal Medicine 2005 was used instead. It states that a large proportion of patients receiving selected chronic medications did not receive recommended laboratory monitoring in the outpatient setting. Further research is needed to determine to what degree these lapses in laboratory monitoring are associated with adverse clinical outcomes, to identify relevant methods to improve monitoring, and to clarify monitoring needs. A basic metabolic panel including calcium is sometimes colloquially referred to as a "CHEM-8". In this case, there was no documentation of any medical illness outside of lumbar pathology. There was no clear indication for or discussion as to why a basic metabolic panel including calcium is needed. Therefore, the request for Chemistry Eight (8) Test is not medically necessary.

ARTHRITIS PANEL: 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 Other Medical Treatment Guideline or Medical Evidence: Medical University of South Carolina, Arthritis Panel (<http://www.mushealth.com/lab/content.aspx?id=150092>).

Decision rationale: The CA MTUS does not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, the Medical University of South Carolina, Arthritis Panel was used instead. It states that arthritis panel may be performed for screening or to assess the severity of rheumatoid arthritis. It may include ANA, anti-CCP, ESR, rheumatoid factor, serum CRP, and serum uric acid. In this case, there was no documentation of a history of arthritis. The physical examination findings did not provide objective findings that would suggest arthritis. There is no clear indication for the request of arthritis panel based on the medical records. Therefore, the request for Arthritis Panel is not medically necessary.

HEPATIC FUNCTION PANEL: 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 Other Medical Treatment Guideline or Medical Evidence: Laboratory Safety Monitoring of Chronic Medications in Ambulatory Care Settings <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1490088/>.

Decision rationale: The 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, and the Journal of General Internal Medicine was used instead. Literature concludes that a large proportion of patients receiving selected chronic medications do not receive recommended laboratory monitoring in the outpatient setting. In this case, there was no documentation of any medical illness outside of lumbar pathology. A complete gastrointestinal examination or imaging modality results to warrant liver pathology was not available. There is no clear indication for the request of hepatic function panel based on the available medical records. Therefore, the request for hepatic function panel is not medically necessary.

POINT OF CONTACT URINE DRUG SCREEN: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 94. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter; Urine Drug Testing.

Decision rationale: As stated on page 94 of CA MTUS Chronic Pain Medical Treatment Guidelines, frequent random urine toxicology screens are recommended for patients at risk for opioid abuse. The Official Disability Guidelines classifies patients as 'moderate risk' if pathology is identifiable with objective and subjective symptoms to support a diagnosis, and there may be concurrent psychiatric comorbidity. Patients at 'moderate risk' for addiction/aberrant behavior are recommended for point-of-contact screening 2 to 3 times a year with confirmatory testing for inappropriate or unexplained results. In this case, psychiatric review of systems dated 01/13/2014

was positive for both anxiety and depression. The possibility of a concurrent psychiatric comorbidity puts the patient under classification of moderate risk for opioid abuse. Moreover, the patient has been using opioids since at least 08/26/2013. The medical necessity for point of contact urine drug screen has been established. Therefore, the request for point of contact urine drug screen is medically necessary.