

<b>Case Number:</b>	CM14-0017043		
<b>Date Assigned:</b>	03/05/2014	<b>Date of Injury:</b>	01/03/2013
<b>Decision Date:</b>	04/30/2014	<b>UR Denial Date:</b>	01/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/10/2014

### 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 Physical Medicine and Rehabilitation has a subspecialty in Interventional Spine 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 with a dated of injury of 01/03/2013. The listed diagnoses per [REDACTED] are bilateral foot plantar fasciitis, cervical and lumbar sprain and strain. According to report dated 01/16/2014 by [REDACTED], the patient presents with constant pain in the soles of bilateral feet. The pain is worse especially with walking and standing. She also report tingling and numbness, especially with prolonged walking. Patient rates pain as 6/10. Patient also complains of occasional neck and lower back pain with spasms. The pain is rated as 4/10. Patient's active range of motion was objectively evaluated with "Tracker ROM." The results reveal decreased range of motion on all planes of the cervical spine and lumbar spine. Progress report from 07/30/2013 by [REDACTED], states patient complains of pain in the plantar aspect of both heels. Examination reveals 5/5 muscle strength with dorsiflexion, plantar flexion, inversion and eversion. The patient has tenderness on palpation of the plantar aspect of the heel bilaterally. Range of motion is 15 degrees dorsiflexion and 15 degrees plantar flexion in the metatarsophalangeal joint. The patient was started on Medrol Dosepak and Lodine 600mg. X-rays were reviewed, which showed no gross fracture or gross abnormality.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PROSPECTIVE REQUEST FOR 1 URINE DRUG SCREEN:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (Opiates, steps to avoid misuse/addiction) and (Substance abuse (T.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Section on Drug Testing Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Criteria for use of Urine Drug Testing.

**Decision rationale:** The Expert Reviewer's decision rationale: This patient presents with bilateral foot, neck and low back pain. The treating physician is requesting one urine drug screen. As medical records document, the patient has only been prescribed NSAIDs since the date of injury and more recently oral corticosteroid. While MTUS Guidelines does not specifically address how frequent Urine Drug Screening (UDS) should be obtained from various risks for opiate users, ODG Guidelines provides a clearer guideline for low risks opiate users. It recommends once yearly urine screen following initial screening within the first 6 months for management of chronic opiate use. However, in this case, the patient is not taking any opiates. There is no need for a urine toxicology screening. The treating physician does not discuss why a urine drug screen is being obtained. Recommendation is for denial.

**PROSPECTIVE REQUEST FOR 12 SESSIONS OF CHIROPRACTIC MANIPULATION: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58-59.

**Decision rationale:** This patient presents with bilateral foot, neck and low back pain. The treating physician is requesting 12 chiropractic visits for the lumbar and cervical spine. The MTUS Guidelines recommends as an option that a trial of 6 visits over 2 weeks would be evidence of objective functional improvement, not to exceed a total of 18 visits over 6 to 8 weeks; and for reoccurrences/flare-ups, reevaluate treatment success, and if return to work is achieved, 1 to 2 visits every 4 to 6 months. In this case, medical records do not reveal that this patient has had any chiropractic treatments in the past. Therefore, a trial of 6 sessions may be warranted. However, the requested 12 sessions exceeds what is recommended by MTUS Guidelines. Recommendation is for denial.

**PROSPECTIVE REQUEST FOR 1 FUNCTIONAL CAPACITY EVALUATION: 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), Fitness for Duty

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental

Medicine (ACOEM), 2nd Edition, (2004, ACOEM Guidelines: Functional Capacity Evaluations: Pages137,139

**Decision rationale:** The Expert Reviewer's decision rationale: This patient presents with bilateral foot, neck and low back pain. The treating physician is requesting a Functional Capacity Evaluation (FCE) as "it is very important for the PTP or QME to recognize that the assessment of the ADLs start at the beginning of the treatment plan." ACOEM guidelines p137, 139 do not support routine use of Functional Capacity Evaluation. It states that the examiner is responsible for determining whether the impairment results in functional limitation. There is little evidence that FCEs can predict an individual's actual capacity to perform in the workplace. FCEs are reserved for special circumstances when the employer or adjuster requests for it. In this request, the treating physician does not discuss why a FCE is being requested. Recommendation is for denial of the request.

**PROSPECTIVE REQUEST FOR 1 X-RAY OF THE LUMBAR SPINE:** Upheld

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

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

**Decision rationale:** The Expert Reviewer's decision rationale: This patient presents with bilateral foot, neck and low back pain. The treating physician is requesting an X-ray of the lumbar spine. The MTUS and ACOEM Guidelines do not specifically discuss x-rays for the lumbar spine. However, ODG Guidelines has the following regarding radiograph x-rays "Not commended routine x-rays in the absence of red flags. Lumbar spine radiographs should not be recommended in patients with low back pain in the absence of red flags for serious spinal pathology even if the pain has persistent for at least 6 weeks." In this case, the patient does not present with serious bodily injury, neurological deficit from trauma or suspected fracture to warrant an x-ray of the lumbar spine. The requested x-ray of the lumbar spine is not medically necessary, and recommendation is for denial.

**PROSPECTIVE REQUEST FOR 1 X-RAY OF THE CERVICAL SPINE:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-182, Acupuncture Treatment Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Special Studies for C-spine, Pages 177,178.

**Decision rationale:** This patient presents with bilateral foot, neck and low back pain. The treating physician is requesting an X-ray of the cervical spine. It is unclear as to why the treating physician is requesting an x-ray without discussing the reason why it is needed. In addition, none of the reports discuss cervical spine issues, besides decreased range of motion noted on

exam stated 01/16/2014. There are no recent reports of physical examination or subjective complaints of the neck. ACOEM guidelines on special studies for C-spine (p177,178) states radiography of the c-spine is not recommended except for indications including, "emergence of a red flag, physiologic evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program, and clarification of the anatomy prior to an invasive procedure." This patient does not present with any red flags or physiologic evidence of neurologic dysfunction. Recommendation is for denial.

**PROSPECTIVE REQUEST FOR 1 X-RAY OF THE BILATERAL FEET: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 372-374.

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

**Decision rationale:** This patient presents with bilateral foot, neck and low back pain. The treating physician is requesting an X-ray of the bilateral foot. The ACOEM and MTUS do not discuss x-rays for the feet. However ODG guidelines do discuss radiography for the feet. ODG states, "If a fracture is considered, patients should have radiographs if the Ottawa ankle criteria are met. Radiographic evaluation may also be appropriate if there is rapid onset of swelling and bruising, if the patient is older than 55 years, or in the case of obvious dislocation. Plain films are routinely obtained to exclude arthritis, infection, fracture, or neoplasm. X-rays are not helpful in diagnosing plantar fasciitis, because they do not show ligaments clearly, and they are not routinely recommended except when fractures are suspected and then a lateral non-weight bearing X-ray should be the first choice investigation." In this case, medical records indicate an x-ray of the both foot and ankles were performed in July 2013, which revealed no bony abnormality or gross fracture. Due to patient's persistent complaints, an MRI was taken in September 2013 which showed "no evidence of plantar fasciitis in the right foot as clinically queried, mild tenosynovitis of flexor tendons with mild tendonitis of the tibialis posterior tendon, elevation of the syndesmotoc recess height to approx 1.4cm which could reflect prior injury." Given the results of these recent studies, a repeat X-ray would not be indicated at this time. Recommendation is for denial.