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| <b>Case Number:</b>   | CM14-0151137 |                              |            |
| <b>Date Assigned:</b> | 09/19/2014   | <b>Date of Injury:</b>       | 07/09/2013 |
| <b>Decision Date:</b> | 11/20/2014   | <b>UR Denial Date:</b>       | 08/13/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 09/16/2014 |

### 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 Pain 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:

This is a patient with a date of injury of 7/9/13. A utilization review determination dated 8/13/14 recommends non-certification of Pain Medicine Consultation, UDS, Acupuncture, Chiropractic, Shockwave Therapy, MRI of lumbar spine, and EMG/NCV. It noted that Naproxen was certified previously and UDS was done in April 2014, although the results were not reported. A Pain Management Consultation was noted to be certified on 9/16/14. 8/6/14 medical report identifies pain in the neck and low back radiating to the extremities with numbness and tingling. There is also bilateral shoulder and wrist pain. On exam, there is tenderness. SLR and Lasegue's cause pain bilaterally. Neer's causes pain, as does Phalen's bilaterally. There is decreased median nerve sensation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pain Medication Consultation:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 7, Consultation.

**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) Occupational Medicine Practice Guidelines, Independent Medical Examinations and Consultations Chapter, Page 127.

**Decision rationale:** Regarding the request for consultation, California MTUS does not address this issue. ACOEM supports consultation if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. Within the documentation available for review, the patient has ongoing pain, but the records suggest that other providers have prescribed medication and there is a pending pain management consultation. There is no clear indication for the currently requested consultation for the purpose of pain medication. In light of the above issues, the currently requested consultation is not medically necessary.

**Urine Toxicology Screen:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76-79 and 99 of 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain Chapter Urine Drug Testing.

**Decision rationale:** Regarding the request for a urine toxicology test, CA MTUS Chronic Pain Medical Treatment Guidelines state the drug testing is recommended as an option. Guidelines go on to recommend monitoring for the occurrence of any potentially aberrant (or nonadherent) drug related behaviors. ODG recommends urine drug testing on a yearly basis for low risk patients, 2-3 times a year for moderate risk patients, and possibly once per month for high risk patients. Within the documentation available for review, it appears that a prior test was performed approximately 4 months prior to the current request. The results of that test were not noted, there is no indication of current risk stratification, and there is no documentation identifying that the patient is utilizing any medications of potential abuse. In the absence of such documentation, the currently requested urine toxicology test is not medically necessary.

**Acupuncture; one to two times a week for four weeks:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**Decision rationale:** Regarding the request for acupuncture, California MTUS does support the use of acupuncture for chronic pain. Acupuncture is recommended to be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Additional use is supported when there is functional improvement documented, which is defined as "either a clinically significant improvement in activities of daily living or a reduction in work restrictions... and a reduction in the dependency on continued medical treatment." A trial of up to 6 sessions is recommended, with up to 24 total sessions supported when there is ongoing evidence of functional improvement. Within the documentation available for review, it is unclear if prior treatment with acupuncture has been utilized. Regardless, the proposed number of

sessions exceed the recommendations of the CA MTUS and, unfortunately, there is no provision to modify the current request. In light of the above issues, the currently requested acupuncture is not medically necessary.

**Chiropractic care; one to two times a week for four weeks:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58-60 of 127.

**Decision rationale:** Regarding the request for chiropractic care, Chronic Pain Medical Treatment Guidelines support the use of chiropractic care for the treatment of chronic pain caused by musculoskeletal conditions. Guidelines go on to recommend a trial of up to 6 visits over 2 weeks for the treatment of low back pain. With evidence of objective functional improvement, a total of up to 18 visits over 6 to 8 weeks may be supported. Within the documentation available for review, it is unclear if prior treatment with chiropractic care has been utilized. Regardless, the proposed number of sessions exceed the recommendations of the CA MTUS and, unfortunately, there is no provision to modify the current request. In light of the above issues, the currently requested chiropractic care is not medically necessary.

**Three (3) Shockwave Therapy sessions for the left shoulder:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines/TWC-Shoulder.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 203. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Chapter Extracorporeal Shock Wave Therapy (ESWT).

**Decision rationale:** Regarding the request for shockwave therapy, CA MTUS and ACOEM support the use of extracorporeal shock wave therapy for calcific tendinitis of the shoulder. ODG further clarifies that extracorporeal shockwave therapy is recommended for calcific tendinitis of the shoulder but not for other shoulder disorders. Within the documentation available for review, there is no identification of clinical and imaging findings suggestive of calcific tendinitis. In the absence of such documentation, the currently requested shock wave therapy is not medically necessary.

**Three (3) Shockwave Therapy sessions for the right shoulder:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines/TWC-Shoulder.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 203. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Chapter Extracorporeal Shock wave Therapy (ESWT).

**Decision rationale:** Regarding the request for shockwave therapy, CA MTUS and ACOEM support the use of extracorporeal shock wave therapy for calcific tendinitis of the shoulder. ODG further clarifies that extracorporeal shockwave therapy is recommended for calcific tendinitis of the shoulder but not for other shoulder disorders. Within the documentation available for review, there is no identification of clinical and imaging findings suggestive of calcific tendinitis. In the absence of such documentation, the currently requested shock wave therapy is not medically necessary.

**MRI (Magnetic Resonance Imaging) 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): 303-304.

**Decision rationale:** Regarding the request for lumbar MRI, CA MTUS and ACOEM state 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 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. Within the documentation available for review, there is no identification of any objective findings suggestive of specific nerve compromise on the neurologic exam. In light of the above issues, the currently requested lumbar MRI is not medically necessary.

**EMG (Electromyography) of the left lower extremity:** 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. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Electrodiagnostic Studies.

**Decision rationale:** Regarding the request for EMG, CA MTUS and ACOEM state that electromyography may be useful to identify subtle focal neurologic dysfunction in patients with low back symptoms lasting more than 3 to 4 weeks. Within the documentation available for review, there are no physical examination findings suggestive of focal neurologic dysfunction. In the absence of such documentation, the currently requested EMG is not medically necessary.

**EMG (Electromyography) of the right lower extremity:** 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. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Electrodiagnostic Studies.

**Decision rationale:** Regarding the request for EMG, CA MTUS and ACOEM state that electromyography may be useful to identify subtle focal neurologic dysfunction in patients with low back symptoms lasting more than 3 to 4 weeks. Within the documentation available for review, there are no physical examination findings suggestive of focal neurologic dysfunction. In the absence of such documentation, the currently requested EMG is not medically necessary.

**NCV (Nerve Conduction Studies) of the left lower extremity:** 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. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Electrodiagnostic Studies.

**Decision rationale:** Regarding the request for NCV, CA MTUS and ACOEM state that electromyography may be useful to identify subtle focal neurologic dysfunction in patients with low back symptoms lasting more than 3 to 4 weeks. ODG states that nerve conduction studies are not recommended for back conditions. They go on to state that there is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. Within the documentation available for review, there are no physical examination findings suggestive of focal neurologic dysfunction. In the absence of such documentation, the currently requested NCV is not medically necessary.

**NCV (Nerve Conduction Studies) of the right lower extremity:** 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. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Electrodiagnostic Studies.

**Decision rationale:** Regarding the request for NCV, CA MTUS and ACOEM state that electromyography may be useful to identify subtle focal neurologic dysfunction in patients with low back symptoms lasting more than 3 to 4 weeks. ODG states that nerve conduction studies are not recommended for back conditions. They go on to state that there is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. Within the documentation available for review, there are no physical

examination findings suggestive of focal neurologic dysfunction. In the absence of such documentation, the currently requested NCV is not medically necessary.