MAXIMUS Federal Services

Case Number:	CM14-0151176		
Date Assigned:	09/23/2014	Date of Injury:	04/29/2012
Decision Date:	10/23/2014	UR Denial Date:	08/20/2014
Priority:	Standard	Application Received:	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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 34-year-old female who has submitted a claim for sprain of lumbar region associated with an industrial injury date of April 29, 2012. Medical records from 2013 through 2014 were reviewed, which showed that the patient complained of lumbar pain. Physical examination of the lumbar spine and lower extremities revealed absence of a palpable step-off, absence of tenderness in the lumbar paraspinals, absence of atrophy, normal motor strength, decreased sensation in the right L5 distribution and normal DTRs. Electrodiagnostic studies conducted on June 3, 2014 revealed a normal NCS and an abnormal EMG showing right active L5 denervation. Treatment to date has included medications and chiropractic therapy (number of visits unknown).Utilization review from August 18, 2014 denied the request for Topical medication creams, Chromatography, IM consult, Shockwave 2 x 4 and Chiropractic 2-3 x 4 weeks. The request for chiropractic therapy was denied because there was no documentation of the number of previous chiropractic treatments and objective improvement derived from them. The request for shockwave therapy was denied because the guidelines do not consistently support its use. The request for IM consult was denied because there was no documented rationale identifying the medical necessity for the request and there is no documentation that diagnostic and therapeutic management has been exhausted. The request for chromatography was denied because there is no documentation of on-going opioid treatment and an equivocal urine drug screen finding. The request for topical medication creams was denied because the guidelines do not consistently support their use. Most of the documents submitted contain pages with handwritten and illegible notes that were difficult to decipher. Pertinent information may have been overlooked due to its incomprehensibility.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topical medication creams: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Capsaicin, pages 28-29; Topical Analgesics, Page(s): pages 111-113.

Decision rationale: As stated on pages 111-113 of the California MTUS Chronic Pain Medical Treatment Guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine safety or efficacy. In this case, the patient was prescribed topical medication creams. However, the composition of these creams as well as the quantity was not specified. Therefore, the request for Topical medication creams is not medically necessary.

Chromatography: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG) Pain, Urine Drug Testing

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 Official Disability Guidelines, (ODG) was used instead. Laboratory-based specific drug identification, which includes gas chromatography/mass spectrometry (GC/MS) or liquid chromatography tandem mass spectrometry (LC/MS/MS) are used for confirmatory testing of drug use. These tests allow for identification and quantification of specific drug substances. They are used to confirm the presence of a given drug, and/or to identify drugs that cannot be isolated by screening tests. These tests are particularly important when results of a test are contested. In this case, an undated urine drug screen with missing page 1 showed the presence of cotinine. Another urine drug screen done 6/13/2014 showed absence of all the medications screened. Another urine screen dated 6/2/2014 revealed presence of cis-Tramadol and O-Desmethyl-cis-Tramadol. Another one on 3/24/2014 revealed absence of all the drugs screened. The available legible records do not include an explanation of these results as well as the justification for the frequent testing that had been done. There is also no explanation given regarding this particular request especially in terms of which drugs are of interest. Because of lack of information, the medical necessity for a chromatography cannot be established. Therefore, the request for chromatography is not medically necessary.

IM consult: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ACOEM), 2nd Edition, (2004) Chapter 7, page(s) 127, 156

Decision rationale: According to pages 127 & 156 of the ACOEM Guidelines referenced by CA MTUS, consultations are recommended, and a health practitioner may refer to other specialists 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. In this case, the rationale for the request for IM consult was not provided. There are also no complaints from the recent legible notes that may necessitate IM consult. Therefore, the request for an IM consult is not medically necessary.

Shockwave 2 x 4: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Extracorporeal Shock Wave Therapy for Orthopedic Conditions

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 203. Decision based on Non-MTUS Citation ODG) Shoulder Chapter, Extracorporeal shock wave therapy (ESWT); Elbow Chapter, Extracorporeal shock wave therapy (ESWT)

Decision rationale: According to page 203 of the ACOEM Practice Guidelines referenced by CA MTUS, physical modalities, such as ultrasound treatment, etc. are not supported by high-quality medical studies. ODG recommends extracorporeal shockwave therapy for the knees, shoulders and elbows. The low back chapter was silent on shockwave. In this case, the patient has multiple complaints. This request did not mention which body part is being targeted by the requested shockwave. The diagnosis listed in this patient's request was sprain of the lumbar area, which does not have guideline recommendations concerning shockwave. The incomplete request plus the lack of guidelines supporting the use of shockwave for the low back makes this request for shockwave 2 x 4 not medically necessary.

Chiropractic 2-3 x 4 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-299,Chronic Pain Treatment Guidelines Manual therapy and manipulation Page(s): 58.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26, Manipulation Therapy, Page(s): , pages 58-59.

Decision rationale: As stated on pages 58-59 of CA MTUS Chronic Pain Medical Treatment Guidelines, several studies of manipulation have looked at duration of treatment, and they

generally showed measured improvement within the first few weeks or 3-6 visits of chiropractic treatment, although improvement tapered off after the initial sessions. There should be some outward sign of subjective or objective improvement within the first 6 visits for continuing treatment. In this case, the patient was reported to have prior chiropractic treatment. However, the number of visits completed as well as the patient's response to these treatments was not found in the documents provided. It can not be identified whether the patient has already exceeded the number of visits supported by the guidelines. Therefore, the request for chiropractic 2-3 x 4 weeks is not medically necessary.