

Case Number:	CM14-0177648		
Date Assigned:	10/31/2014	Date of Injury:	02/14/2013
Decision Date:	12/09/2014	UR Denial Date:	10/13/2014
Priority:	Standard	Application Received:	10/27/2014

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 applicant is a represented [REDACTED] employee who has filed a claim for chronic neck pain, headaches, and shoulder pain reportedly associated with an industrial injury of February 14, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; unspecified amounts of physical therapy; unspecified amounts of manipulative therapy; anxiolytic medications; and opioid agents. In a Utilization Review Report dated October 13, 2014, the claims administrator denied a request for eight sessions of manipulative therapy, denied a request for cyclobenzaprine, denied electrodiagnostic testing of the upper extremities, denied a neuro spine evaluation, and denied urine chromatography. Non-MTUS ODG Guidelines were employed to deny the neuro spine evaluation. The applicant's attorney subsequently appealed. In a July 3, 2014 pain management note, the applicant reported multifocal complaints of shoulder, neck, and forearm pain. Naproxen, topical compounds, Prilosec, Somnicin, and Terocin were endorsed. The applicant's work status was not furnished, although it did not appear that the applicant was working. In a handwritten note dated September 12, 2014, difficult to follow, not entirely legible, the applicant reported multifocal complaints of neck, shoulder, and ankle pain. It was suggested that that applicant was status post earlier right shoulder surgery. The note was handwritten and very difficult to follow. The applicant reportedly had a pending orthopedic shoulder surgery consultation; it was stated in one section of the note. Limited shoulder and neck range of motion were noted, with positive signs of internal impingement about the shoulder. Electrodiagnostic testing of the bilateral upper extremities was sought, through preprinted checkboxes, along eight sessions of chiropractic manipulative therapy, a neurosurgery/spine surgery evaluation, urine drug testing, and extracorporeal shock wave therapy. The attending provider gave the applicant work restrictions which were resulting in the applicant's removal from the workplace, the attending provider acknowledged. Little-to-

no narrative commentary was attached. In a Medical-legal Evaluation dated July 10, 2014, it was stated that the applicant was using various topical compounds, blood pressure lowering medications, and blood sugar lowering medications. The applicant had issues with shoulder pain, headaches, and ankle pain, it was acknowledged. It was noted that the applicant had had multiple CT scans of the head which were reportedly normal and had had an MRI of the cervical spine on February 24, 2014 noting diffuse discogenic disease and disk desiccation, multilevel. The attending provider noted that the applicant had issues with neck pain, shoulder pain, residuals of the earlier failed shoulder surgery, elbow pain and ankle pain. It was stated that applicant should return to work with restrictions in place. The applicant was reportedly working as a driver, it was acknowledged. In another handwritten note dated July 31, 2014, the applicant again presented with multifocal shoulder complaints, neck pain complaints, and ankle pain complaints. There was some radiation of neck and right shoulder pain to the right arm, it was acknowledged. A neuro spine consultation, eight sessions of manipulative therapy, and electrodiagnostic testing were sought. A 15-pound lifting limitation was endorsed on this occasion.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic 2 times a week for 4 weeks to the shoulder, arm, neck, and ankle: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-59.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 203, Chronic Pain Treatment Guidelines Manual Therapy and Manipulation topic Page(s): 58.

Decision rationale: Page 58 of the MTUS Chronic Pain Medical Treatment Guidelines deems manipulative therapy "not recommended" for several of the body parts for which it is being sought, including the ankle. Similarly, the MTUS Guideline in ACOEM Chapter 9, page 203 notes that period of treatment for manipulative therapy for the shoulder is "limited to a few weeks" as results diminished over time. The request, thus, as written is at odds with MTUS principles and parameters. Therefore, the request is not medically necessary.

Cyclobenzaprine 5mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine topic Page(s): 41.

Decision rationale: As noted on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, cyclobenzaprine is recommended as an option, using a short course of therapy. The request for 60 tablets of cyclobenzaprine, however, implies chronic, long-term, and/or scheduled

usage of the same. Such usage, however, is inconsistent with page 41 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request is not medically necessary.

EMG 1 extremity, EMG 2 extremities and somatosensory UE: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain Chapter, Electrodiagnostic testing (EMG/NCS)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 261.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 11, page 261, appropriate electrodiagnostic testing can help to differentiate between carpal tunnel syndrome and other suspected diagnoses, such as cervical radiculopathy. Here, the applicant is diabetic. The applicant has multiple suspected diagnoses, which include a carpal tunnel syndrome, diabetic neuropathy, and/or cervical radiculopathy. Obtaining electrodiagnostic testing of upper extremities to help distinguish between a possible carpal tunnel syndrome, diabetic neuropathy, and/or cervical radiculopathy is indicated. Therefore, the request is medically necessary.

Neurospine evaluation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine Practice Guidelines, 2nd Edition, 2004 page 127

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 180.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 8, page 180, applicants with acute neck or back pain alone, without findings of significant nerve root compromise "rarely benefit" from either surgical consultation or surgery. In this case, there was no mention of the applicant's having any findings of nerve root compromise about the bilateral upper extremities which would compel the neuro spine consultation/neurosurgery consultation in question. There was no mention that the applicant is actively considering or contemplating any kind of surgical intervention involving the cervical spine, the principal pain generator here. The attending provider's handwritten progress notes, which employed preprinted checkboxes, did not make a compelling case for the neurosurgery/neuro spine consultation in question. Therefore, the request is not medically necessary.

Chromatography: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.nih.gov/pubmed/19892186>Affinity chromatography: general methods

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, urine drug testing topic

Decision rationale: The chromatography request here represents a form of confirmatory urine drug testing. While page 43 of the MTUS Chronic Pain Medical Treatment Guidelines does support intermittent drug testing in the chronic pain population, the MTUS does not establish specific parameters for or identify a frequency with which to perform drug testing. ODG's Chronic Pain Chapter Urine Drug Testing topic, however, states that confirmatory and/or quantitative testing are generally not recommended outside of the emergency department drug overdose context and further notes that it is incumbent upon an attending provider to clearly state when an applicant was last drug tested, attach an applicant's complete medications list to the request for authorization for testing, and clearly state which drug tests and/or drug panels he intends to test for. In this case, however, the attending provider did not state what drug tests and/or drug panels were being sought. The attending provider did not state why confirmatory and/or quantitative testings were being performed outside of the emergency department drug overdose context. The applicant's complete medications list was not attached. The date the applicant was last drug tested was likewise not attached. Since several ODG criteria for pursuit of drug testing were not met, the request was not medically necessary.