

<b>Case Number:</b>	CM13-0058117		
<b>Date Assigned:</b>	03/31/2014	<b>Date of Injury:</b>	07/18/2006
<b>Decision Date:</b>	01/05/2015	<b>UR Denial Date:</b>	11/18/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/26/2013

### 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 & 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:

The injured worker is a 46 year-old female with a date of injury of July 18, 2006. The patient's industrially related diagnoses include cervical muscle spasm, cervical radiculopathy, cervical strain/sprain, lumbar disc protrusion, lumbar myospasms, lumbar radiculopathy, lumbar strain/sprain, right shoulder impingement syndrome, right shoulder pain, right shoulder sprain/strain, status post right shoulder surgery, right carpal tunnel syndrome, loss of sleep, sleep disturbance, and insomnia with sleep apnea. The disputed issues are trigger point impedance imaging (TPII), Localized Intense Neurostimulation Therapy (LINT) x 6-12 sessions, home TENS/ESM unit purchase, podiatry consultation, custom orthotics, cardio respiratory diagnostic testing (Autonomic Function Assessment), pulmonary and respiratory diagnostic testing, and platelet-rich plasma injection consultation and treatment. A utilization review determination on 11/18/2013 had non-certified these requests. The stated rationale for the denial of trigger point impedance imaging (TPII) and LINT sessions was: "Trigger points are readily identifiable upon physical examination and no specialized diagnostic test is necessary to identify them. Neurostimulation treatment for trigger points is not supported by guidelines in the medical literature. Therefore both of these requests are not considered to be medically necessary." The stated rationale for the denial of TENS/ESM unit was: "MTUS guidelines do not support TENS treatment as an isolated intervention in the absence of a functional based treatment program." The stated rationale for the denial of podiatry consult and custom orthotics was: "This is being requested because of the pain in the low back and for custom orthotics to correct altered biomechanics. There are no complaints or objective findings relating to the ankles or the feet. MTUS guidelines do not support orthotics to treat chronic low back pain." The stated rationale for the denial of cardio respiratory diagnostic testing and pulmonary and respiratory testing was: "There are no subjective complaints or objective findings to support any autonomic function

abnormalities in the cardio respiratory systems or pulmonary/respiratory systems." Lastly, the stated rationale for the denial of platelet-rich plasma (PRP) injection consultation and treatment was: "MTUS guidelines do not support use of PRP injection in the treatment of chronic shoulder pain."

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Trigger Point Impedance Imaging (TPII): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 122.

**Decision rationale:** Regarding the request for trigger point impedance imaging, California MTUS and ODG do not address the issue. A search of National Library of Medicine, National Guideline Clearinghouse, and other online resources failed to reveal support for its use in the evaluation/management of the cited injuries. Trigger points are diagnosed clinically and should not require advanced imaging techniques for diagnosis. Within the documentation available for review, no documentation was provided identifying how this request would provide improved outcomes as compared to other evaluation/treatment options that are evidence-based and supported. Furthermore, there is no documentation identifying the medical necessity of this request. In the absence of such documentation, the currently requested trigger point impedance imaging is not medically necessary.

#### **Localized Intense Neurostimulation Therapy (LINT) x 6-12: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-117 and 122.

**Decision rationale:** Regarding the request for Localized Intense Neurostimulation Therapy (LINT) x 6-12 sessions, California MTUS guidelines do support the use of some types of electrical stimulation therapy for the treatment of certain medical disorders. However, regarding LINT specifically, a search of the CA MTUS, ACOEM, ODG, National Library of Medicine, National Guideline Clearinghouse, and other online resources failed to reveal support for its use in the management of the cited injuries. Within the documentation available for review, six sessions of LINT were requested for the lumbar spine to increase ROM and ADLs, and decrease pain, but there was no documentation identifying that this treatment provides improved outcomes as compared to other evaluation/treatment options that are evidence-based and supported. Furthermore, there is no documentation identifying the medical necessity of this request. In the

absence of such documentation, the currently requested LINT x 6-12 sessions is not medically necessary.

**Home TENS/ESM Unit Purchase:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-117.

**Decision rationale:** Regarding the request for TENS, Chronic Pain Medical Treatment Guidelines state that transcutaneous electrical nerve stimulation (TENS) is not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option if used as an adjunct to a program of evidence-based functional restoration. Guidelines recommend failure of other appropriate pain modalities including medications prior to a TENS unit trial. Prior to TENS unit purchase, one month trial should be documented as an adjunct to ongoing treatment modalities within a functional restoration approach, with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function. At the time of the request on 11/5/2014, the treating physician documented that a home TENS/EMS unit was requested to help increase ROM and decrease pain since the old unit was broken. However, within the documentation available for review, there was no indication that the injured worker had undergone a TENS unit trial and no documentation of any specific objective functional improvement with a previous trial or with the home unit that she previously used. Additionally, it is unclear what other treatment modalities are currently being used within a functional restoration approach. On 8/29/2013 the utilization reviewer denied the request stating that there is no documentation of the patient's participation in an active home exercise program and no documentation of a trial of in-office TENS. In a progress report dated 10/25/2013, the treating physician documented that the injured worker was doing physiotherapy, which helped temporarily, but pain levels increased; the treating physician later documented that she has been unresponsive to conservative treatment including home exercises and physical therapy. However, at the time of the request, the treating physician indicated that the injured worker was to continue with aquatic therapy. In the absence of clarity regarding these issues, the requested TENS/EMS unit is not medically necessary.

**Podiatry Consultation:** 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 American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Occupational Medicine Practice Guidelines, Independent Medical Examinations and Consultations Chapter 7, page 127

**Decision rationale:** Regarding the request for referral to a podiatrist, 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. In the progress report dated 11/5/2014, the treating physician referred the injured worker to a podiatrist for evaluation of pain in the low back and custom orthotics to correct altered biomechanics. Specialty consultation with a podiatrist is not recommended for the evaluation of low back pain, and there were no subjective complaints of ankle or foot symptoms and no objective findings noted on physical exam. Furthermore, medical necessity was not established for custom orthotics for which the referral to the podiatrist was intended. In light of the above issues, the currently requested referral to a podiatrist is not medically necessary.

**Custom Orthotics:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 370. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ankle & Foot, Orthotic Devices

**Decision rationale:** Regarding the request for custom orthotics, ACOEM Chapter 14 Table 14-3 on page 370 recommends rigid orthotics as a treatment option for plantar fasciitis and metatarsalgia. Further guidelines are found in the ODG which recommend orthotics for plantar fasciitis and for foot pain in rheumatoid arthritis. A trial of a prefabricated orthosis is recommended in the acute phase, but due to diverse anatomical differences many patients will require a custom orthosis for long-term pain control. Within the documentation available for review, there is no documentation of symptoms and findings consistent with plantar fasciitis, metatarsalgia, or foot pain associated with rheumatoid arthritis. Furthermore, there is no documentation of a trial with a prefabricated orthosis. In the progress report dated 11/5/2014, the treating physician referred the injured worker for consult with a podiatrist for pain in the low back and custom orthotics to correct altered biomechanics. The guidelines listed above do not support the use of custom orthotics in the injured worker's condition of low back pain to correct altered biomechanics. As such, the request for custom orthotics is not medically necessary.

**Cardio Respiratory Diagnostic Testing (Autonomic Function Assessment):** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines General Approach to Initial Assessment and Documentation, For Cardiovascular Disease and Pulmona. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: <https://www.aan.com/Guidelines/home/GetGuidelineContent/39> Assessment: Clinical Autonomic Testing. Report of the Therapeutics and Technology Assessment Subcommittee of the American Academy of Neurology

**Decision rationale:** Regarding the request for Cardio-Respiratory Diagnostic Testing (Autonomic Function Assessment), the California Medical Treatment Utilization Schedule does not contain specific guidelines on this particular request. However, the guidelines do recommend evaluation for cardiovascular and pulmonary disease on page 25 under General Approach to Initial Assessment and Documentation stating: "A number of workplace conditions have been implicated as risk factors for cardiovascular disease (CVD), including long work hours, shift work, chemical and physical conditions and degree of perceived threat. For evaluation of pulmonary disease, a relatively detailed history of the patient's complaints and environmental or occupational exposures is essential." However, the injured worker's date of injury was over 8 years ago and within the submitted medical records, there was no documentation of cardiovascular and pulmonary evaluation or diseases. Therefore, national evidence based guidelines are cited. It is further noted that the Official Disability Guidelines and ACOEM do not have provisions for this request either. In fact, there is a paucity of literature to support this item. The reference article states the following regarding Clinical Autonomic Testing: "The availability of clinical autonomic testing will likely remain the domain of the clinical neurophysiology laboratory, mostly in referral centers, in the foreseeable future. The role of the clinician in routine clinical practice is to undertake a thorough evaluation of clinical autonomic symptoms, perform a bedside autonomic examination, and determine if there are strong indications for further studies." In the progress report dated 11/5/2013, there were no subjective cardiovascular or pulmonary complaints and no objective findings on physical examination warranting further diagnostic testing. Furthermore, there was no documentation of bedside autonomic examination to determine if further diagnostic testing is necessary. In light of these issues, this request for Cardio-Respiratory Diagnostic Testing (Autonomic Function Assessment) is not medically necessary.

### **Pulmonary and Respiratory Diagnostic Testing: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines General Approach to Initial Assessment and Documentation, For Pulmonary Disease Page(s): 25.

**Decision rationale:** Regarding the request for Pulmonary and Respiratory Diagnostic Testing, the California Medical Treatment Utilization Schedule does not contain specific guidelines on this particular request. The guidelines do recommend evaluation for pulmonary disease on page 25 under General Approach to Initial Assessment and Documentation stating: "For evaluation of pulmonary disease, a relatively detailed history of the patient's complaints and environmental or occupational exposures is essential." However, the injured worker's date of injury was over 8 years ago and within the submitted medical records, there was no documentation of cardiovascular and pulmonary evaluation or diseases after the injury. It is further noted that the Official Disability Guidelines and ACOEM do not have provisions for this request either. In the progress report dated 11/5/2013, there were no subjective pulmonary complaints, no documentation of respiratory rate, and no other objective findings on physical examination warranting further diagnostic testing. Furthermore, the request is not specific as to which diagnostic tests are being requested and the medical necessity for the Cardio-Respiratory

Diagnostic Testing (Autonomic Function Assessment) was not established. In light of these issues, this request for Pulmonary and Respiratory Diagnostic testing is not medically necessary.

**Platelet Rich Plasma Injection Consultation and Treatment: 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 Official Disability Guidelines (ODG) Shoulder Chapter, Platelet Rich Plasma

**Decision rationale:** Regarding the request for platelet rich plasma (PRP) consultation and treatment for the shoulder, CA MTUS does not contain criteria for this procedure. ODG states that platelet rich plasma is under study as a solo treatment, but recommended for augmentation as an option in conjunction with arthroscopic repair for large to massive rotator cuff tears. In the progress report dated 11/5/2013, the treating physician recommended PRP for acute and chronic musculoskeletal injury or pain for the right shoulder. However, there was no indication that the injured worker has been approved for arthroscopic repair of a large or massive rotator cuff tear. In the absence of such documentation, the currently requested platelet rich plasma consultation and treatment for the right shoulder is not medically necessary.