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| Case Number: | CM14-0106104 | | |
| Date Assigned: | 09/08/2014 | Date of Injury: | 04/12/2012 |
| Decision Date: | 08/26/2015 | UR Denial Date: | 06/17/2014 |
| Priority: | Standard | Application Received: | 07/09/2014 |

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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] beneficiary who has filed a claim for chronic neck, mid back, low back, and elbow pain reportedly associated with an industrial injury of April 12, 2012. In a Utilization Review report dated June 17, 2014, the claims administrator failed to approve requests for localized intense neurostimulation therapy, a neurospine evaluation, multiple different medications, and chiropractic manipulative therapy. The claims administrator referenced a May 14, 2014 progress note and an associated RFA form of the same date in its determination. In a November 27, 2014 progress note, handwritten, difficult to follow, not entirely legible, the applicant reported multifocal complaints of neck, mid back, low back, wrist, and hand pain. The note comprised, in large part, of preprinted checkboxes. A pain management consultation, internist consultation, urine drug testing, tramadol, naproxen, and Prilosec were endorsed. Several topical compounds were also dispensed. It was not clearly stated whether the applicant was or was not working with said limitations in place, although this did not appear to be case. In a handwritten progress note dated August 27, 2014, a rather proscriptive 15-pound lifting limitation, manipulative therapy, topical compounds, pain management consultation, and an internal medicine consultation were again endorsed. Multifocal complaints of neck, mid back, low back, elbow, wrist, and hand pain were reported. In a handwritten note dated May 14, 2014, the applicant was again asked to pursue physical therapy, localized intense neurostimulator therapy, and NIOSH functional capacity testing. A neurosurgery/spine surgery evaluation was sought. The applicant was asked to continue topical compounds, Prilosec, and tramadol. The

note comprised, in large part, of pre-printed checkboxes, was difficult to follow, and not altogether legible. Multifocal complaints of neck, mid back, low back, elbow, and wrist pain were reported.

IMR ISSUES, DECISIONS AND RATIONALES

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

Localized Intense Neurostimulation Therapy (LINT) 1x4 thoracic & lumbar: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Neuromuscular Electrical Stimulation (NMES) devices.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Percutaneous neuromodulation therapy (PNT); Physical Medicine Page(s): 98.

Decision rationale: Similarly, the request for four sessions of localized intense neurostimulation therapy was likewise not medically necessary, medically appropriate, or indicated here. Localized intense neurostimulation therapy represents a variant of percutaneous neuromodulation therapy or PNT, which, per page 98 of the MTUS Chronic Pain Medical Treatment Guidelines is "not recommended" in the chronic pain context present here. Page 98 of the MTUS Chronic Pain Medical Treatment Guidelines also notes that passive modalities such as the percutaneous neuromodulation therapy at issue should be employed "sparingly" during the chronic pain phase of treatment. Here, however, the attending provider set forth concomitant requests for two separate passive modalities, namely localized intense neurostimulation therapy and chiropractic manipulative therapy, via his May 14, 2014 progress note. Said May 14, 2014 progress note failed to contain a clear or compelling rationale for usage of localized intense neurostimulation therapy, either alone or in conjunction with chiropractic manipulative therapy in the face of the unfavorable MTUS positions on the same. Therefore, the request was not medically necessary.

Neurospine evaluation for the cervical, thoracic & lumbar: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, Pages 92 and 127.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 306; 180.

Decision rationale: Finally, the request for a neurospine evaluation for the cervical, thoracic, and lumbar spines was likewise not medically necessary, medically appropriate, or indicated here. The nature of the request was not clearly established, although it did appear to represent a neurosurgery consultation. However, the MTUS Guideline in ACOEM Chapter 8, page 180 notes that applicants with neck or upper back pain complaints alone, without associated findings of serious conditions or significant nerve root compromise, rarely benefit from either surgical consultation or surgery. Here, there was no mention of the applicant's being a candidate for any kind of surgical intervention insofar as either the cervical or thoracic spines were concerned on the May 14, 2014 handwritten progress note or subsequent progress notes. Similarly, the MTUS

Guideline in ACOEM Chapter 12, page 306 also notes that applicants with back pain complaints alone without findings of associated significant nerve root compromise rarely benefit from either surgical consultation or surgery. Here, a clear rationale for a neurospine or neurosurgery consultation in the face of the unfavorable ACOEM positions on the same without a clear or compelling evidence of a lesion amenable to surgical correction was not furnished by the attending provider. As noted above, the May 14, 2014 progress note comprised in large part, of pre-printed checkboxes and did not contain any narrative support for the request in question. Therefore, the request was not medically necessary.

Chromatography (date of service 05/14/2014): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, Urine Drug Screening.

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

Decision rationale: No, the request for chromatography (AKA confirmatory urine drug testing) was not medically necessary, medically appropriate, or indicated here. 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, stipulates that an attending provider attach an applicant's complete medication list to the request for authorization for testing, eschew confirmatory and/or quantitative testing outside of the emergency department drug overdose context, clearly state which drug tests and/or drug panels he intends to test for, and attempt to categorize applicants into higher-or lower-risk categories for which more or less frequent drug testing would be indicated. Here, however, the attending provider did not furnish a clear or compelling rationale for confirmatory drug testing (AKA urine chromatography testing) in the face of the unfavorable ODG position on the same. The applicant's complete medication list was not attached to the May 14, 2014 handwritten progress note. There was no mention of the applicant's being a higher-risk individual or lower-risk individual for whom more or less frequent drug testing would have been indicated. Since multiple ODG criteria for pursuit of drug testing were not met, the request was not indicated. Therefore, the request was not medically necessary.