

<b>Case Number:</b>	CM14-0194203		
<b>Date Assigned:</b>	12/01/2014	<b>Date of Injury:</b>	09/12/2014
<b>Decision Date:</b>	02/03/2015	<b>UR Denial Date:</b>	10/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/19/2014

### 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 neck pain reportedly associated with an industrial injury of September 12, 2014. In a Utilization Review Report dated October 15, 2014, the claims administrator denied a request for chiropractic manipulative therapy, a consultation, electrodiagnostic testing of upper extremities, functional capacity evaluation, cardiorespiratory testing, spirometry, stress testing, and a sleep study. The claims administrator invoked non-MTUS ODG Guidelines, denied a manipulative treatment and invoked non-MTUS ODG Guidelines to deny electrodiagnostic testing. The report was 14 pages long and comprised almost entirely of accepted guideline, with little narrative rationale. The claims administrator stated that its decision was based on an RFA form received on October 10, 2014. The applicant's attorney subsequently appealed. In a September 5, 2014 doctor's first report (DFR), the applicant reported neck pain, shoulder pain, back pain reportedly associated with an industrial assault injury. The applicant was placed off of work, on total temporary disability. The applicant reportedly had a negative CT scan of the head following the assault injury. Naprosyn, Flexeril, and physical therapy were endorsed while the applicant was placed off of work for a few days. X-rays of the lumbar spine of October 29, 2014 were negative. X-rays of the thoracic spine of October 29, 2014 were also negative for any fracture. X-rays of the wrist of October 29, 2014 was also negative. A pseudo scan test performed on October 8, 2014, the results of which were not clearly reported. It was stated that the applicant had abnormal hand and foot symmetry. Cardiorespiratory testing was also performed on October 8, 2014, the results of which were not, on scan, clearly reported. On October 8, 2014, the applicant transferred her care to a new primary treating provider (PTP), reported ongoing complaints of neck pain, back pain, wrist pain, anxiety, depression, shoulder pain, headaches, wrist pain, toe pain, and left upper extremity pain. Decreased range of motion was noted in multiple body parts.

The applicant was placed off of work. 12 sessions of physical therapy, x-rays of multiple body parts, six sessions of manipulative therapy, referral to a physician for medication management, and electrodiagnostic testing of the bilateral upper extremities was sought. A functional capacity evaluation was also endorsed. The applicant's new primary treating provider (PTP) was a chiropractor (DC), it was acknowledged. The attending provider noted that the applicant had positive Phalen's sign about the right side along with hypo-sensorium about the right C7 dermatome.

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

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

**Chiropractic sessions, quantity six:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): 308, 181.

**Decision rationale:** The request in question did seemingly represent a first time request for chiropractic manipulative therapy, initiated on October 8, 2014. The applicant's primary pain generator as of the date of the request appeared to be the cervical spine. As noted in the MTUS-adopted ACOEM Guidelines in Chapter 8, table 8-8, page 181, physical manipulation for neck pain early in the course of care is deemed "optional." The applicant also had ancillary complaint of low back pain. Similarly, the MTUS Guideline in ACOEM Chapter 12, Table 2-8, page 308 notes that manipulation of low back pain during the first month of symptoms without radiculopathy is "recommended." In this case, the applicant's primary complaints of neck and low back pain were amenable to chiropractic manipulative therapy on or around the date of the request, October 8, 2014. Therefore, the request was medically necessary.

**Consultation, quantity 1:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 92.

**Decision rationale:** The requesting provider, a chiropractor, stated that he was seeking authorization for a consultation with a physician (MD) for medication management purposes. As noted in the MTUS-adopted ACOEM Guidelines in Chapter 5, page 92, referral may be appropriate if a practitioner is uncomfortable with treating a particular cause of delayed recovery. In this case, the requesting provider, a chiropractor, was ill-equipped to address issues of medication management, as he himself acknowledged. Obtaining the added expertise of a practitioner better-equipped to address issues of medication management, namely a physician (MD) was/is indicated. Therefore, the request was/is medically necessary.

## **EMG/NCS bilateral upper extremities, quantity 1: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 269, 272.

**Decision rationale:** While the MTUS Guideline in ACOEM Chapter 11, page 269 notes that electrical studies "may be indicated" in applicants with suspected peripheral nerve impingement in whom no improvement or worsening has occurred within four to six weeks, in this case, however, the request in question was initiated on October 18, 2014, i.e., some three weeks removed from the date of injury. Further conservative treatments including time, medications, physical therapy, etc., were ordered on October 8, 2014, it is also noted. Furthermore, the request in question was initiated by the applicant's new primary treating provider (PTP) on the first office visit with the new primary treating provider. Thus, there was no effort to give time, observations, and/or conservative measures and opportunity to effect improvement before the request was initiated. The request, thus, is written, is at odds with ACOEM Chapter 11, page 269. The MTUS Guidelines in ACOEM Chapter 11, Table 11-7, page 272 further notes that the routine usage of NCV or EMG testing in the diagnostic evaluation of nerve entrapment of applicants without symptoms is "not recommended." In this case, it appeared that the applicant's neurologic/neuropathic symptoms were confined to the symptomatic right upper extremity. The applicant was described as having a positive Phalen's sign and dysesthesias about the right upper extremity. There was no mention of any such symptoms or signs evident about the seemingly asymptomatic left upper extremity. Since electrodiagnostic testing of the bilateral upper extremities, by definition, would include testing of the asymptomatic left upper extremity, the request, thus, is at odds with ACOEM Chapter 11, Table 11-7, page 272 and cannot be endorsed as written. Therefore, the request is not medically necessary.

## **Functional Capacity Evaluation, quantity: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 21.

**Decision rationale:** While the MTUS Guideline in ACOEM Chapter 2, page 21 suggests considering using a Functional Capacity Evaluation when necessary to translate medical impairment into functional limitations and to determine work capability, in this case, however, the requesting provider did not furnish any compelling applicant-specific rationale which would augment the tepid ACOEM position article at issued. The applicant was placed off of work, on total temporary disability. It did not appear that the applicant was intent on returning work owing to issues with posttraumatic stress disorder associated with an industrial assault injury. It

was not clear why FCE testing was being sought in the clinical context present here. Therefore, the request is not medically necessary.

**Cardio Respiratory/Autonomic Function assessment, quantity 1: 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 Academy of Neurology (AAN), Clinical Autonomic Testing Guidelines.

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines did not govern this acute to subacute injury. The ACOEM Guidelines did not address the topic. As noted by the American Academy of Neurology (AAN), the selection of specific autonomic testing requires both the detailed knowledge of the testing paradigms and the match between the test of the suspected clinical or functional impairment and an associated autonomic activity. In this case, however, it was not stated precisely what sort of autonomic dysfunction was suspected here. It was not stated how the autonomic function testing was intended to advance the diagnosis. The autonomic testing was apparently performed, despite the unfavorable utilization review decision. The results of the autonomic function were not clearly outlined. It was not stated that the results of the autonomic testing were not clearly reported by the attending provider. A detailed knowledge of the testing paradigms was not discussed or raised by either the requesting provider or the tester. Therefore, the request was not medically necessary.

**Spirometry and pulmonary function testing, quantity 1: 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 Cleveland Clinic Medical Publications section, Pulmonary Function Testing Article, Gilda et al.

**Decision rationale:** The MTUS does not address the topic. While the Cleveland Clinic Article entitled pulmonary function testing states that indications for pulmonary function testing include the evaluation of symptoms such as chest pain, cough, dyspnea, orthopnea, phlegm production, wheezing, unexplained crackles, expiratory lungs, cyanosis, abnormal chest radiographs, etc., in this case, however, it was not clearly stated for what purpose the pulmonary function testing and spirometry at issue were sought. It was not clearly stated how the pulmonary function testing and/or spirometry would influence or alter the treatment plan and/or diagnostic formulation. There was no mention of the applicants having any pulmonary symptoms such as dyspnea, orthopnea, paroxysmal nocturnal dyspnea, chest pain, etc., on the October 8, 2014 office visit on which the pulmonary function testing and spirometry were sought. Therefore, the request was not medically necessary.

**Stress test:** 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 UpToDate.com, Selecting the Optimal Cardiac Stress Test, December 2014, Askew et al.

**Decision rationale:** The MTUS does not address the topic. While the comprehensive literature review performed by UpToDate.com updated in December 2014 notes that indications for stress testing include symptomatic coronary artery disease, the evaluation of applicants with heart failure, the evaluation of the applicants with cardiomyopathy, the evaluation of the applicants with recent acute coronary syndrome, applicants with atypical chest pain, the evaluation of applicants with newly diagnosed heart failure, etc., in this case, however, was not clearly stated for what purpose the stress testing in question was sought. There was no mention of the applicant's having any cardiac symptoms present on the October 8, 2014 DFR on which the article in question was sought. There was no mention of the applicant experiencing any symptoms of chest pain, exertional dyspnea, paroxysmal nocturnal dyspnea, chest pain with exertion, angina, etc., on or around the date in question. No rationale for selection of this particular test was furnished by the requesting provider. Therefore, the request was not medically necessary.

**Sleep disordered breathing respiratory study:** 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 Academy of Sleep Medicine (AASM), Clinical Guidelines for the Evaluation and Management of Chronic Insomnia in Adults.

**Decision rationale:** The MTUS does not address the topic. As noted by the American Academy of Sleep Medicine (AASM), polysomnography/sleep studies are "not indicated" in the routine evaluation of insomnia due to psychiatric or neuropsychiatric disorders. In this case, the attending provider did acknowledge that the applicant had issues with depression, anxiety, and insomnia associated with the industrial assault injury. A sleep study would be of no benefit in establishing the presence of depression-induced insomnia, as appears to be present here. Therefore, the request was not medically necessary.