

Case Number:	CM14-0198203		
Date Assigned:	12/08/2014	Date of Injury:	07/17/2013
Decision Date:	02/20/2015	UR Denial Date:	11/19/2014
Priority:	Standard	Application Received:	11/25/2014

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, California
 Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 50 year old male patient who sustained a work related injury on 17/7/2013. Patient sustained the injury due to cumulative trauma. The current diagnoses include left lateral epicondylitis, and bilateral carpal tunnel syndrome, sprain of the cervical, thoracic and lumbar region. Per the doctor's note dated 10/21/14, patient has complaints of pain in the bilateral shoulder and wrist and in cervical, thoracic, and lumbar region at 6-7/10, Physical examination revealed limited range of motion and positive cervical compression test. The current medication lists include Metoprolol, tramadol, naproxen, omeprazole, and cyclobenzaprine, and Lisinopril. The patient has had X-ray of the wrist which was normal; EDS on 8/9/13 that revealed mild bilateral CTS; MRI of the right wrist on 8/5/13 that revealed mild/moderate degenerative change of styloid. The patient's surgical history include left knee surgery in 2012 and right knee surgery in 2010 The patient has had bilateral knee operation in 2003 and 2005 and 2012 He has had a urine drug toxicology report on 5/5/14 that was negative for opioid and psychiatric medication. The patient was certified for 8 chiropractic and 6 OT visits for this injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic treatment 2 times a week for 4 weeks for shoulder, arm, neck: Upheld

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

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

Decision rationale: Per the MTUS guidelines regarding chiropractic treatment, "One of the goals of any treatment plan should be to reduce the frequency of treatments to the point where maximum therapeutic benefit continues to be achieved while encouraging more active self-therapy, such as independent strengthening and range of motion exercises, and rehabilitative exercises. Patients also need to be encouraged to return to usual activity levels despite residual pain, as well as to avoid catastrophizing and overdependence on physicians, including doctors of chiropractic." In addition, the cited guideline states "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. If chiropractic treatment is going to be effective, there should be some outward sign of subjective or objective improvement within the first 6 visits." A detailed recent physical examination of the cervical spine was not specified in the records provided. The patient was certified for 8 chiropractic and 6 OT visits for this injury. The notes from the previous rehabilitation sessions were not specified in the records provided. There was no evidence of significant progressive functional improvement from the previous chiropractic visits therapy that is documented in the records provided. The records submitted contain no accompanying current chiropractic evaluation for this patient. A valid rationale as to why remaining rehabilitation cannot be accomplished in the context of an independent exercise program was not specified in the records provided. The request for Chiropractic treatment 2 times a week for 4 weeks for shoulder, arm, and neck is not fully established for this patient. The request is not medically necessary.

Hand specialist evaluation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM practice guidelines, 2nd edition, chapter 7, page 127

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) Chapter 7, Independent medical examinations and consultations

Decision rationale: Per the cited guidelines, "The occupational 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." Any evidence that the patient has any surgical indications is not specified in the records provided. Presence of any psychosocial factors was not specified in the records provided. The patient has been referred Pain management evaluation. The medical necessity of referral for additional opinion is not specified in the records provided. The detailed recent examination of the bilateral hands was not

specified in the records provided. Any plan or course of care that may benefit from the additional expertise of an orthopedic surgeon was not specified in the records provided. A plan for an invasive procedure was not specified in the records provided. The medical necessity of the request for Hand specialist evaluation is not fully established for this patient. The request is not medically necessary.

Pain management evaluation: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM practice guidelines, 2nd edition, chapter 7, page 127

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) Chapter 7, Independent medical examinations and consultations

Decision rationale: Per the cited guidelines, "The occupational 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." Per the doctor's note dated 10/21/14, patient has complaints of pain in the bilateral shoulder and wrist and in cervical, thoracic, and lumbar region at 6-7/10 and physical examination revealed limited range of motion and positive cervical compression test. The patient has had EDS (electrodiagnostic studies) on 8/9/13 that revealed mild bilateral CTS (carpal tunnel syndrome); MRI of the right wrist on 8/5/13 that revealed mild/moderate degenerative change of styloid. The patient's surgical history includes left knee surgery in 2012 and right knee surgery in 2010. The patient has had bilateral knee operations in 2003 and 2005 and 2012. He is on multiple medications. This is a complex case. A referral for a Pain management evaluation is deemed medically appropriate and necessary.

(Retro) Chromatography: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines; Work Loss Data Institute, LLC, Section: Pain (Chronic)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (updated 12/31/14) Urine drug testing (UDT)

Decision rationale: ACOEM/CA MTUS guidelines do not address this request. Per the ODG guidelines "Confirmatory Testing: Laboratory-based specific drug identification, which includes gas chromatography/mass spectrometry (GC/MS) or liquid chromatography tandem mass spectrometry (LC/MS/MS). 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. The tests also allow for identification of drugs that are

not identified in the immunoassay screen. These are generally considered confirmatory tests and have a sensitivity and specificity of around 99%. These tests are particularly important when results of a test are contested. When to perform confirmation: When the POC screen is appropriate for the prescribed drugs without evidence of non-prescribed substances, confirmation is generally not required. Confirmation should be sought for (1) all samples testing negative for prescribed drugs, (2) all samples positive for non-prescribed opioids, and (3) all samples positive for illicit drugs. (Manchikanti, 2011b)."History of drug abuse or addiction is not specified in the records provided. Any history of taking opioid medications for pain is not specified in the records provided. He has had a urine drug toxicology report on 5/5/14 that was negative for opioid and psychiatric medication. Rationale for Chromatography verses a simple urine drug screen report is not specified in the records provided. The medical necessity of the request for Chromatography is not fully established in this patient. The request is not medically necessary.

Pharmacological Assay/Gene Analysis: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (Levrn, 2012) See also Pharmacogenetic testing, opioid metabolism; cytokine DNA testing

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 (updated 12/31/14) Genetic testing for potential opioid abuse

Decision rationale: Per the ODG cited below genetic testing is "Not recommended. While there appears to be a strong genetic component to addictive behavior, current research is experimental in terms of testing for this. Studies are inconsistent, with inadequate statistics and large phenotype range. Different studies use different criteria for definition of controls. More work is needed to verify the role of variants suggested to be associated with addiction and for clearer understanding of their role in different populations. (Levrn, 2012)."Therefore there is no high grade scientific evidence to support the use of genetic testing for assessment of opioid abuse. A detailed history documenting that this patient has a previous history of abuse of controlled substances or is at a high risk for abusing controlled substances is not specified in the records provided. Rationale for Genetic drug metabolism test and Genetic testing for Narcotic risk with Proove Biosciences is not specified in the records provided. Exact genetic factors that would be covered during the proposed testing are not specified in the records provided. History of drug abuse or addiction is not specified in the records provided. Any history of taking opioid medications for pain is not specified in the records provided. He has had a urine drug toxicology report on 5/5/14 that was negative for opioid and psychiatric medication. The medical necessity of the request for Pharmacological Assay/Gene Analysis is not fully established in this patient.

Neurospine Follow-Up: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition, Chapter 7, Independent Medical Examinations and Consultations, page 127

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) Chapter 7, Independent medical examinations and consultations.

Decision rationale: Per the cited guidelines, "The occupational 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." The Pain management evaluation has also been requested and is being deemed medically appropriate and necessary. The recommendations of the Pain management evaluation and the response to the treatment recommendations of the Pain management specialist are not yet known. The medical necessity of referral to additional specialists is not specified in the records provided. A detailed recent neurological examination was not specified in the records provided. Significant functional deficits that would require a neurosurgical evaluation was not specified in the records provided. Presence of any psychosocial factors was not specified in the records provided. The medical necessity of the request for Neurospine Follow-Up is not fully established for this patient. The request is not medically necessary.