

Case Number:	CM14-0212463		
Date Assigned:	02/12/2015	Date of Injury:	04/16/2013
Decision Date:	04/06/2015	UR Denial Date:	12/03/2014
Priority:	Standard	Application Received:	12/18/2014

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 47-year-old female who reported an injury on 04/16/2013. The mechanism of injury was not specifically stated. The current diagnoses include lumbar sprain/strain, right elbow lateral epicondylitis, right wrist sprain/strain, and right hand sprain/strain. The injured worker presented on 10/29/2014 with complaints of persistent pain over multiple areas of the body. Upon examination, there was tenderness to palpation of the bilateral elbows, positive Mill's test, positive Phalen's sign, 5/5 motor strength, and full range of motion of the bilateral wrists/hands. Recommendations included a Functional Capacity Evaluation, acupuncture treatment, DNA testing, a urine toxicology report, neurodiagnostic testing, a lumbar brace, x-rays of the bilateral upper extremities, x-rays of the lumbar spine, and a compounded cream. A Request for Authorization form was then submitted on 10/29/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

X-ray lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, 9th Edition, Indications for Imaging, X-rays.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: The California MTUS/ACOEM Practice Guidelines state lumbar spine x-rays should not be recommended in patients with low back pain in the absence of red flags for a serious spinal pathology. In this case, there was no documentation of a significant musculoskeletal or neurological deficit upon examination. There was no mention of a recent attempt at any conservative treatment prior to the request for an x-ray. Given the above, the request is not medically appropriate at this time.

X-ray right wrist and right hand: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, 9th Edition, Indications for Imaging, X-rays.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-269.

Decision rationale: The California MTUS/ACOEM Practice Guidelines state, for most patients presenting with true hand and wrist problems, special studies are not needed until after a 4 to 6 week period of conservative care and observation. In this case, there was no documentation of a significant functional deficit upon examination. There was no mention of a recent attempt at any conservative treatment. Given the above, the request is not medically appropriate at this time.

X-ray right elbow: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 269. Decision based on Non-MTUS Citation Official Disability Guidelines, 9th Edition, Indications for Imaging, X-rays.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 42-43.

Decision rationale: The California MTUS/ACOEM Practice Guidelines state, for most patients presenting with elbow problems, special studies are not needed unless a period of at least 4 weeks of conservative care and observation fails to improve symptoms. There was no documentation of a significant musculoskeletal deficit upon examination. There was also no mention of an attempt at any conservative treatment prior to the request for an x-ray of the right elbow. Given the above, the request is not medically appropriate.

DNA Testing: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cytokine DNA Testing for pain. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic), Genetic Testing for potential opioid abuse.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 42.

Decision rationale: The California MTUS Guidelines do not recommend DNA testing for pain. There is no current evidence to support the use of DNA testing for the diagnosis of pain. The medical rationale for the requested DNA testing was not provided within the documentation. As such, the request is not medically appropriate.

Toxicology screening: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines, Chronic Pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43, 77, 89. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Urine Drug Testing.

Decision rationale: The California MTUS Guidelines state drug testing is recommended as an option, using a urine drug screen to assess for the use or presence of illegal drugs. The Official Disability Guidelines state the frequency of urine drug testing should be based on documented evidence of risk stratification. Patients at low risk of addiction or aberrant behaviors should be tested within 6 months of initiation of therapy and on a yearly basis thereafter. As per the clinical notes submitted, there is no mention of noncompliance or misuse of medication. There is no indication that this injured worker falls under a high risk category that would require frequent monitoring. Therefore, the current request is not medically appropriate.

Voltage sensory nerve conduction testing, both upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

Decision rationale: The California MTUS/ACOEM Practice Guidelines state electromyography and nerve conduction velocities may help identify subtle, focal neurologic dysfunction in patients with neck or arm symptoms lasting more than 3 or 4 weeks. There was no documentation of a significant musculoskeletal or neurological deficit with regard to the cervical spine or the bilateral upper extremities. There is also no mention of an attempt at any conservative treatment. Given the above, the request is not medically appropriate.

Voltage sensory nerve conduction testing, lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: The California MTUS/ACOEM Practice Guidelines state electromyography, including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than 3 or 4 weeks. There was no documentation of a significant musculoskeletal or neurological deficit with regard to the lumbar spine or the bilateral lower extremities. There was also no mention of an attempt at any conservative treatment prior to the request for electrodiagnostic studies. Given the above, the request is not medically appropriate.

TENS unit (months) qty: 12: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy Page(s): 114-121.

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

Decision rationale: The California MTUS Guidelines do not recommend transcutaneous electrotherapy as a primary treatment modality, but a 1 month home based trial may be considered as a noninvasive conservative option. In this case, there was no evidence of a failure of other appropriate pain modalities including medication. The guidelines recommend a 1 month trial prior to a unit purchase. The request for a 12 month TENS unit trial would exceed guideline recommendations. Given the above, the request is not medically appropriate at this time.

Lumbar brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back - Lumbar and Thoracic (Acute and Chronic), Lumbar Supports.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

Decision rationale: The California MTUS/ACOEM Practice Guidelines state lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. There was no documentation of a significant musculoskeletal deficit with regard to the lumbar spine. There was no evidence of instability upon examination. The medical necessity has not been established in this case. Therefore, the request is not medically appropriate.

Initial RTW/functional capacity exam: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 137-138.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Fitness for Duty Chapter, Functional Capacity Evaluation.

Decision rationale: The California MTUS/ACOEM Practice Guidelines state a number of functional assessment tools, including Functional Capacity Evaluation, are available for reassessing function and functional recovery. The Official Disability Guidelines recommend a Functional Capacity Evaluation when the timing is appropriate if case management has been hampered by complex issues. In this case, the injured worker presents with complaints of pain over multiple areas of the body. There is no indication that this injured worker has reached or is close to reaching maximum medical improvement. There was no documentation of any previous unsuccessful return to work attempts. The medical necessity has not been established. Therefore, the request is not medically appropriate.

Physical therapy, lumbar spine, right elbow, right wrist and right hand qty: 12: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Improvement Measures and Physical Medicine Page(s): 48 & 98-99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

Decision rationale: The California MTUS Guidelines state active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. There was no documentation of a significant musculoskeletal or neurological deficit upon examination. The medical necessity for skilled physical medicine treatment has not been established at this time. As such, the request is not medically appropriate.

Acupuncture, lumbar spine, right elbow, right wrist and right hand qty: 6: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The California MTUS Guidelines state acupuncture is used as an option when pain medication is reduced or not tolerated and may be used as an adjunct to physical rehabilitation and/or surgical intervention. The time to produce functional improvement includes 3 to 6 treatments. There was no documentation of a significant musculoskeletal deficit upon examination. The medical necessity for acupuncture has not been established in this case. As such, the request is not medically appropriate.

Gabapentin 15%, Amitriptyline 4%, Dextromethorphan 10% 180gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

Decision rationale: The California MTUS Guidelines state any compounded product that contains at least 1 drug that is not recommended is not recommended as a whole. Gabapentin is not recommended as there is no peer reviewed literature to support its use as a topical product. There is also no frequency listed in the request. As such, the request is not medically appropriate.

Capsaicin 0.025% Flurbiprofen 15% Gabapentin 10% Menthol 2% Camphor 2% 180gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

Decision rationale: The California MTUS Guidelines state any compounded product that contains at least 1 drug that is not recommended is not recommended as a whole. Gabapentin is not recommended as there is no peer reviewed literature to support its use as a topical product. The only FDA approved topical NSAID is diclofenac. Capsaicin in a 0.025% formulation is recommended for osteoarthritis. There was also no frequency listed in the request. As such, the request is not medically appropriate.