

<b>Case Number:</b>	CM15-0005191		
<b>Date Assigned:</b>	01/16/2015	<b>Date of Injury:</b>	12/31/2012
<b>Decision Date:</b>	03/24/2015	<b>UR Denial Date:</b>	01/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/09/2015

### 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 52 year old female, who sustained an industrial injury on December 31, 2012. The diagnoses have included carpal tunnel syndrome, displacement of lumbar intervertebral disc without myelopathy, and lumbago. Treatment to date has included work modifications, physical therapy, and pain, muscle relaxant, non-steroidal anti-inflammatory, and proton pump inhibitor medications. X-rays of the left elbow and left forearm revealed no increase in osteoarthritis. Currently, the injured worker complains of moderate bilateral elbow pain with numbness and tingling to the hands. The physical exam revealed bilateral elbow and hand stiffness and weakness. The treating physician noted the injured worker complains of worsening pain of the right knee, left shoulder, and lumbar spine. On December 24, 2014, the injured worker submitted an application for IMR for review of a prescription for an additional 12 of occupational therapy for the left elbow, for urine toxicology screening, evaluation of the right knee and left shoulder, and magnetic resonance imaging (MRI) of the lumbar spine. The additional occupational therapy was non-certified based on the injured worker had already completed the number of recommended sessions of physical therapy, and there was a lack of documentation of exceptional indications for therapy extension and why a prescribed independent home exercise program would be insufficient to address any remaining functional deficits. The California Medical Treatment Utilization Schedule (MTUS), ACOEM (American College of Occupational and Environmental Medicine) guidelines was cited. The urine toxicology screening was non-certified based on the lack of clear documentation of the injured worker's assessed risk level, which would determine the frequency of testing, and a lack of

documentation of previous urine drug test and the incorporation of these prior test results in the medication prescription by the provider. The California Medical Treatment Utilization Schedule (MTUS), Chronic Pain Medical Treatment Guidelines and Official Disability Guidelines (ODG) were cited. The evaluation of the right knee and left shoulder was non-certified based on lack of documentation of a physical exam of the requested body parts. There was lack of documentation of a history or supplied medical records that those body parts are involved in a work related injury. The California Medical Treatment Utilization Schedule (MTUS) guidelines were cited. The magnetic resonance imaging (MRI) of the lumbar spine was non-certified based on the lack of documentation of a change in medical condition, previous magnetic resonance imaging or previous treatment from other providers, and sciatica or an abnormal exam. The ACOEM (American College of Occupational and Environmental Medicine) and Official Disability Guidelines (ODG) were cited.

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

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

**Additional occupational therapy 12 sessions left elbow:** Upheld

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

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

**Decision rationale:** According to the 1/07/15 Utilization Review letter, the additional occupational therapy (OT) requested on the 12/10/14 medical report was denied because the reviewer believes physical therapy plays little or no role in treating claimants with chronic pain. The 12/10/14 medical report identifies the patient as a 52 year-old female with a 12/31/2012 date of injury. She presents with 7/10 pain in the left elbow and bilateral hands. The physician requests physical therapy x12, a urine drug screen, and an MRI of the lumbar spine. There is no discussion of functional improvement with therapy. The prior medical report is dated 9/17/14 and shows the physician requested 12 sessions of physical therapy and a urine drug screen on that date as well as on 12/10/14. MTUS Chronic Pain Medical Treatment Guidelines, Physical Medicine section, pages 98-99 states that 8-10 sessions of therapy are indicated for various myalgias or neuralgias. The request for 12 sessions will exceed the MTUS recommendations. Based on the provided information, the request for Additional occupational therapy x 12 sessions for the left elbow IS NOT medically necessary.

**Urine 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, Urine Drug Testing

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

**Decision rationale:** According to the 1/07/15 Utilization Review letter, the urine toxicology screening requested on the 12/10/14 medical report was denied there was no risk assessment for aberrant behaviors discussed. The 12/10/14 medical report identifies the patient as a 52 year-old female with a 12/31/2012 date of injury. She presents with 7/10 pain in the left elbow and bilateral hands. The physician requests physical therapy x12, a urine drug screen , and an MRI of the lumbar spine. There is no discussion of functional improvement with therapy. The prior medical report is dated 9/17/14 and shows the physician requested 12 sessions of physical therapy and a urine drug screen on that date as well as on 12/10/14. MTUS Chronic Pain Medical Treatment Guidelines, for Drug Testing, pg 43 under Drug testing states: Recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs. The issue appears to be the frequency of UDT. MTUS does not specifically discuss the frequency that UDT should be performed. ODG-TWC guidelines, Pain Chapter online for Urine Drug Testing are more specific on the topic and states: Patients at low risk of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. There is no reason to perform confirmatory testing unless the test is inappropriate or there are unexpected results. If required, confirmatory testing should be for the questioned drugs only. The patient apparently had urine drug testing on 9/17/14 and 12/10/14. There is no mention of the patient being at high, medium or low risk. ODG guidelines state that for patient's at low risk, testing can be within 6 months of initiation of therapy, then on a yearly basis thereafter. The request for 12/10/14 UDT is not in accordance with the frequency listed under ODG guidelines. Based on the provided medical reports, the request for Urine Toxicology Screening IS NOT medically necessary at this time.

**Evaluation of right knee and left shoulder:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Independent Medical Examinations and Consultations regarding referrals

**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) ACOEM Practice Guidelines, 2nd Edition (2004), Independent medical examination and consultations. Ch:7 page 127

**Decision rationale:** The 52 year old patient presents with pain in left elbow and bilateral hands, rated at 7/10, as per progress report dated 12/10/14. The request is for EVALUATION OF RIGHT KNEE AND LEFT SHOULDER. There are two RFAs for this case dated 11/17/14 and 12/24/14. The patient's date of injury is 12/31/12. The patient is experiencing numbness and tingling in bilateral hands, as per progress report dated 12/10/14. The patient also complains of worsening pain in right knee, left shoulder, and the lumbar spine. Medications, as per progress report dated 09/17/14, included Hydrocodone, Orphenadrine, Diclofenac and Pantoprazole. The patient has been allowed to return to modified work, as per progress report dated 12/10/14. American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) ACOEM guidelines, chapter 7, page 127 state that 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. A referral may be for consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. In this case, only two progress reports have been provided for review. While one of the reports does not mention the patient's right knee and left shoulder problems, the other report dated 12/10/14 states that the patient "continues with complaints of worsening pain to the right knee and left shoulder." The report, however, does not list the findings of physical examination nor does it document the results of any diagnostic tests that the patient may have undergone for her right knee and left shoulder. It is also not clear if the patient has received any conservative care for these symptoms. Based on the medical records provided there is no discussion that the patient requires a referral to a specialist to aid in the care, diagnosis, prognosis or to help determine medical stability of this patient. The current request is not medically necessary.

**MRI lumbar spine:** 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, MRI

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

**Decision rationale:** According to the 1/07/15 Utilization Review letter, the lumbar MRI requested on the 12/10/14 medical report was denied because the reviewer the MRI should only be requested if it will change the treatment plan. The 12/10/14 medical report identifies the patient as a 52 year-old female with a 12/31/2012 date of injury. She presents with 7/10 pain in the left elbow and bilateral hands. The physician requests physical therapy x12, a urine drug screen , and an MRI of the lumbar spine. MTUS/ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 12 Low Back Complaints under Special Studies and Diagnostic and Treatment Considerations, pg 303-305 states "Unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option." The available medical reports did not contain a physical examination of the lumbar spine. There are no objective findings that identify specific nerve compromise on neurologic examination to warrant imaging. The request for an MRI of the Lumbar Spine IS NOT medically necessary.