

<b>Case Number:</b>	CM15-0007325		
<b>Date Assigned:</b>	01/26/2015	<b>Date of Injury:</b>	06/07/2013
<b>Decision Date:</b>	03/19/2015	<b>UR Denial Date:</b>	12/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/13/2015

### 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: Texas, Ohio, 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] employee who has filed a claim for chronic wrist, knee, and low back pain reportedly associated with an industrial injury of June 7, 2013. In a Utilization Review Report dated December 29, 2014, the claims administrator failed to approve request for physical therapy, an x-ray of the wrist, sensory nerve conduction testing of the left knee, chiropractic manipulative therapy, an x-ray of wrist, extracorporeal shockwave therapy, urine toxicology testing, lumbar traction system rental, and/or neurosurgery consultation. The claims administrator referenced a December 19, 2014 RFA form in its determination. The claims administrator did, it is incidentally noted, approved six sessions of acupuncture, citing the now-outdated 2007 MTUS Acupuncture Medical Treatment Guidelines, which were incidentally described as originating from the MTUS. The applicant's attorney subsequently appealed. On September 22, 2014, the applicant did receive urine drug testing, which did apparently include confirmatory and quantitative testing, on various items, including multiple different opioid metabolites. Genetic testing was also performed on this date. The results of which were not clearly reported. In a handwritten progress note seemingly dated July 12, 2014, difficult to follow, not entirely legible, MRI imaging of the lumbar spine, a functional capacity evaluation, physical therapy, acupuncture, DNA testing, toxicology testing, electrodiagnostic testing, sensory nerve conduction testing, TENS-EMS unit and localized intense nerve stimulation therapy were endorsed. The applicant's work status was not clearly detailed. The applicant went on to receive extracorporeal shockwave therapy to various body parts, including the left knee, at various points in time, including on October 10, 2014. Localized intense nerve stimulation

therapy procedure throughout late 2014. MRI imaging of the knee dated September 3, 2014 was notable for both medial and lateral meniscal degeneration without evidence of discrete tear. Knee joint effusion was also appreciated.

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

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

**Chiropractic twice right wrist and left knee: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation 58-60.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation topic Page(s): 58.

**Decision rationale:** No, the request for chiropractic manipulative therapy for the right wrist and left knee was not medically necessary, medically appropriate, or indicated here. As noted on page 58 of the MTUS Chronic Pain Medical Treatment Guidelines, manual therapy and manipulation are deemed "not recommended" for several body parts, including the wrist and knee, i.e., the body parts at issue here. The attending provider's handwritten progress notes did not contain any compelling applicant-specific rationale or narrative commentary which would offset the unfavorable MTUS position on the article at issue. Therefore, the request was not medically necessary.

**VSNCT left knee: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): Table 13-6, page 347.

**Decision rationale:** Similarly, the request VsNCT of the left knee (AKA nerve conduction testing of the left knee) was likewise not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 13, Table 13-6, page 347, electrical studies such as the VsNCT at issue are deemed "not recommended" and "contradicted" for nearly all knee injury diagnoses. Here, the attending provider's handwritten progress notes contained little-to-no narrative commentary so as to try and offset the unfavorable ACOEM position on the article at issue. Therefore, the request was not medically necessary.

**X-ray right wrist: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Radiography

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): Table 11-7, page 272.

**Decision rationale:** The request for an x-ray of right wrist was likewise not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 11, Table 11-7, page 272, the routine usage of plain film radiography of hand and wrist is "not recommended" as part of routine evaluation of forearm, hand, and wrist symptoms. Here, the attending provider's handwritten progress note did not contain much in the way of rationale or commentary so as to augment the request at hand. Therefore, the request was not medically necessary.

**Toxicology testing:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77-80, 94.

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

**Decision rationale:** Similarly, the request for toxicology testing (AKA urine drug testing) was likewise 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 chronic pain population, the MTUS did 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 identify when an applicant was last tested, and attempt to conform to the best practice of the United States Department of Transportation when performing drug testing. Here, the applicant's complete medications list was not attached. The attending provider did not state when the applicant was last tested. The attending provider did not signal its intention to conform to the best practices of the United States Department of Transportation when performing drug testing, nor did the attending provider signal its intention to eschew confirmatory and/or quantitative testing here. Since several ODG criteria for pursuit of drug testing were not met, the request was not medically necessary.

**ESWT 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 (ODG) Shock Wave Therapy

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Therapeutic Ultrasound topic; Physical Medicine topic Page(s): 123; 98. Decision based on Non-MTUS Citation ODG Low Back Chapter, Shock wave Therapy topic

**Decision rationale:** Similarly, the request for extracorporeal shockwave therapy for the lumbar spine was likewise not medically necessary, medically appropriate, or indicated here. Extracorporeal shockwave therapy is a subset of therapeutic ultrasound, which, per page 123 of the MTUS Chronic Pain Medical Treatment Guidelines, is deemed "not recommended" in the chronic pain context present here. Page 98 of the MTUS Chronic Pain Medical Treatment Guidelines further notes that passive modalities such as ESWT, as a whole, should be employed "sparingly" during the chronic pain phase of a claim. Finally, the ODG's Low Back Chapter Shockwave Therapy topic notes that shockwave therapy is "not recommended" in the treatment of low back pain as was/is present here. Here, the attending provider's progress note did not furnish any compelling applicant-specific rationale or medical evidence which would offset the unfavorable MTUS at ODG positions in article at issue. Therefore, the request was not medically necessary.

**Lumbar Traction System Rental: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): Table 12-8, page 308, Chronic Pain Treatment Guidelines Physical Medicine topic. Page(s): 98.

**Decision rationale:** Similarly, the lumbar traction system rental was likewise not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guidelines in ACOEM Chapter 12, Table 12-8, page 308, traction, the article at issue is deemed "not recommended" in the evaluation and management of low back pain complaints, as were/are present here. Page 98 of the MTUS Chronic Pain Medical Treatment Guidelines further notes that passive modalities, as a whole, should be employed "sparingly" during the chronic pain phase of the claim. Here, the attending provider's concurrent request for multiple visits for passive modalities, namely traction, chiropractic manipulative therapy, and extracorporeal shockwave therapy, thus, runs counter to the velocity espoused on page 98 of the MTUS Chronic Pain Medical Treatment Guidelines to employ passive modalities "sparingly" during the chronic pain phase of treatment. Therefore, the request was not medically necessary.

**Neurosurgeon/Orthopedic Consultation: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 2nd Edition (2004) Chapter 7, page 127

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

**Decision rationale:** Finally, the proposed neurosurgeon/orthopedic consultation was likewise not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 12, page 306, applicants with complaints of low back pain alone, without associated findings of serious conditions of significant nerve root compromise, rarely benefit from either surgical consultation or surgery. Here, there was/is no clear or compelling evidence that the applicant in fact had issues with significant nerve root compromise or other serious conditions, which would warrant either neurosurgical or orthopedic spine surgery intervention or evaluation. Therefore, the request was not medically necessary.