

Case Number:	CM15-0100988		
Date Assigned:	06/03/2015	Date of Injury:	11/08/2000
Decision Date:	07/09/2015	UR Denial Date:	05/13/2015
Priority:	Standard	Application Received:	05/26/2015

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 (IW) is a 46-year-old male who sustained an industrial injury on 11/08/2000. Diagnoses include degloving injury to left lower extremity, crushing injury of left ankle, sprain of unspecified site of the knee and leg (bilateral), lumbar sprain and unspecified site of foot sprain (right). Treatment to date has included medications, activity modification, surgery, leg elevation, orthotic shoes and compression stockinette. According to the PR2 dated 4/23/15, the IW reported constant burning pain in the lower back rated 8/10. He also reported constant pain in the left foot traveling to the plantar aspect described as pressure and needles and numbness and tingling. This pain was rated 8/10 as well. On examination there was a scar on the left ankle and a skin graft on the medial side of the left foot. A compression stockinette was on the left lower leg/ankle and left shoe orthotics were in place. Patrick's-Fabere sign was positive bilaterally. Straight leg raise seated and supine was positive bilaterally. Tenderness, muscle guarding and spasms were present from the T12 to S1 levels, which radiated to the lower extremities bilaterally. There was non-specific tenderness at both ankles and feet, with severe tenderness at the medial and lateral aspects on the left. The IW reported increased symptoms, including swelling to the plantar left foot due to wearing regular shoes while waiting for new orthotic shoes and boots. A request was made for autonomic nervous system testing (ANS) for evaluation of the IW's response to treatment; Norco 10/325mg, #120 for pain; range of motion bilateral ankles performed on 4/23/15; and range of motion lumbar spine performed 4/23/15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Autonomic nervous system testing: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, Autonomic nervous system function testing.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Pain (Chronic) Chapter under Autonomic nervous system function testing.

Decision rationale: The patient presents on 04/23/15 with lower back pain rated 8/10, left foot pain which radiates into the bottom of the foot rated 8/10 and associate numbness and tingling in the foot. The patient also complains of loss of sleep and anxiety secondary to pain. The patient's date of injury is 11/08/00. Patient is status post surgical repair of crush injury at a date unspecified. The request is for AUTONOMIC NERVOUS SYSTEM TESTING. The RFA is dated 04/23/15. Physical examination dated 04/23/15 reveals tenderness to palpation of the T12 through L1 paraspinal muscles with guarding and spasms noted, positive straight leg raise test bilaterally, and positive Patrick's and Valsalva's maneuver's bilaterally. Ankle examination reveals diffuse tenderness to palpation bilaterally, especially on the medial and lateral aspects of the left ankle. The provider also notes a visible scar on the left ankle consisting of healed skin graft with dimensions 14cm x 7cm and increasing varicose veins in the bilateral lower extremities. The patient is currently prescribed Norco. Diagnostic imaging was not included. Patient is currently classified as permanent and stationary. ODG-TWC, Pain (Chronic) Chapter under Autonomic nervous system function testing states: "Not generally recommended as a diagnostic test for CRPS." In this case, the provider is requesting a repeat autonomic nervous system test to "correlate signs and symptoms of possible autonomic dysfunction with objective measurement in a way that is clinically useful." Per the provider's statement of necessity, it appears that this patient has already undergone such assessment; though it is unclear how repeating such diagnostics will improve the course of care for this patient. While this patient presents with a significant history of injury to the affected extremity, the Official Disability Guidelines state that such testing is not generally recommended as a diagnostic test for chronic regional pain syndrome, regardless of etiology. Therefore, the request IS NOT medically necessary.

Norco 10/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids-On-Going Management Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

Decision rationale: The patient presents on 04/23/15 with lower back pain rated 8/10, left foot pain which radiates into the bottom of the foot rated 8/10 and associate numbness and tingling in

the foot. The patient also complains of loss of sleep and anxiety secondary to pain. The patient's date of injury is 11/08/00. Patient is status post surgical repair of crush injury at a date unspecified. The request is for NORCO 10/325MG #120. The RFA is dated 04/23/15. Physical examination dated 04/23/15 reveals tenderness to palpation of the T12 through L1 paraspinous muscles with guarding and spasms noted, positive straight leg raise test bilaterally, and positive Patrick's and Valsalva's maneuver's bilaterally. Ankle examination reveals diffuse tenderness to palpation bilaterally, especially on the medial and lateral aspects of the left ankle. The provider also notes a visible scar on the left ankle consisting of healed skin graft with dimensions 14cm x 7cm and increasing varicose veins in the bilateral lower extremities. The patient is currently prescribed Norco. Diagnostic imaging was not included. Patient is currently classified as permanent and stationary. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In regard to the request for Norco, the treater has not provided adequate documentation to continue its use. It is unclear how long this patient has been prescribed Norco or to what effect, as only one progress note dated 04/23/15 was provided. Addressing analgesia, this progress note documents that the patient presents for the examination with a pain level of 8/10 having not taken his medication. The only mention of medication efficacy is that the patient "finds it helpful" and that through the use of medications the patient is able to get 7 hours of sleep instead of 5. Such vague documentation does not satisfy MTUS guidelines, which require documentation of analgesia via a validated scale, activity-specific functional improvements, consistent urine drug screening, and a stated lack of aberrant behavior. In this case, the ability to get more sleep could reasonably constitute a functional improvement. However, without specific documentation of analgesia, evidence of medication compliance, and a stated lack of aberrant behavior; continuation of Norco cannot be substantiated. Owing to a lack of complete 4A's documentation, the request IS NOT medically necessary.

Range of motion bilateral ankles performed on 4/23/15: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter, Flexibility.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines functional improvement measures Page(s): 48. Decision based on Non-MTUS Citation Official disability guidelines Pain Chapter under Functional Improvement Measures.

Decision rationale: The patient presents on 04/23/15 with lower back pain rated 8/10, left foot pain which radiates into the bottom of the foot rated 8/10 and associate numbness and tingling in the foot. The patient also complains of loss of sleep and anxiety secondary to pain. The patient's date of injury is 11/08/00. Patient is status post surgical repair of crush injury at a date unspecified. The request is for RANGE OF MOTION BILATERAL ANKLES PERFORMED ON 04/23/15. The RFA is dated 04/23/15. Physical examination dated 04/23/15 reveals

tenderness to palpation of the T12 through L1 paraspinal muscles with guarding and spasms noted, positive straight leg raise test bilaterally, and positive Patrick's and Valsalva's maneuver's bilaterally. Ankle examination reveals diffuse tenderness to palpation bilaterally, especially on the medial and lateral aspects of the left ankle. The provider also notes a visible scar on the left ankle consisting of healed skin graft with dimensions 14cm x 7cm and increasing varicose veins in the bilateral lower extremities. The patient is currently prescribed Norco. Diagnostic imaging was not included. Patient is currently classified as permanent and stationary. MTUS guidelines page 48 does discuss functional improvement measures where physical impairments such as "joint ROM, muscle flexibility, strength or endurance deficits" include objective measures of clinical exam findings. It states, "ROM should be documented in degrees." ODG-TWC, Pain Chapter under Functional Improvement Measures states that it is recommended. The importance of an assessment is to have a measure that can be used repeatedly over the course of treatment to demonstrate improvement of function, or maintenance of function that would otherwise deteriorate. The following category should be included in this assessment including: Work function and/or activities of daily living, physical impairments, approach to self-care and education. In regard to the range of motion testing of the bilateral ankles, the request appears excessive. Progress note dated 04/23/15 documents that this testing was performed in-office and shows reduced range of motion in the left ankle on external rotation. ODG guidelines recommend range of motion testing and muscle testing as part of follow-up visits and routine physical examination, as such measurements can be easily obtained via clinical examination. That being said, range of motion testing is not recommended as a separate billable service and it is unclear why the provider would seek reimbursement for what should be a routine component of the physical examination. Therefore, the request IS NOT medically necessary.

Range of motion lumbar spine performed on 4/23/15: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter, Flexibility.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines functional improvement measures Page(s): 48. Decision based on Non-MTUS Citation Official disability guidelines Pain Chapter under Functional Improvement Measures.

Decision rationale: The patient presents on 04/23/15 with lower back pain rated 8/10, left foot pain which radiates into the bottom of the foot rated 8/10 and associate numbness and tingling in the foot. The patient also complains of loss of sleep and anxiety secondary to pain. The patient's date of injury is 11/08/00. Patient is status post surgical repair of crush injury at a date unspecified. The request is for RANGE OF MOTION LUMBAR SPINE PERFORMED ON 04/23/15. The RFA is dated 04/23/15. Physical examination dated 04/23/15 reveals tenderness to palpation of the T12 through L1 paraspinal muscles with guarding and spasms noted, positive straight leg raise test bilaterally, and positive Patrick's and Valsalva's maneuver's bilaterally. Ankle examination reveals diffuse tenderness to palpation bilaterally, especially on the medial and lateral aspects of the left ankle. The provider also notes a visible scar on the left ankle consisting of healed skin graft with dimensions 14cm x 7cm and increasing varicose veins in the bilateral lower extremities. The patient is currently prescribed Norco. Diagnostic imaging was

not included. Patient is currently classified as permanent and stationary. MTUS guidelines page 48 does discuss functional improvement measures where physical impairments such as "joint ROM, muscle flexibility, strength or endurance deficits" include objective measures of clinical exam findings. It states, "ROM should be documented in degrees." ODG-TWC, Pain Chapter under Functional Improvement Measures states that it is recommended. The importance of an assessment is to have a measure that can be used repeatedly over the course of treatment to demonstrate improvement of function, or maintenance of function that would otherwise deteriorate. The following category should be included in this assessment including: Work function and/or activities of daily living, physical impairments, approach to self-care and education. In regard to the range of motion testing of the lumbar spine, the request appears excessive. Progress note dated 04/23/15 documents that this testing was performed in-office and shows reduced range of motion in the lumbar spine in all planes bilaterally, especially flexion. ODG guidelines recommend range of motion testing and muscle testing as part of follow-up visits and routine physical examination, as such measurements can be easily obtained via clinical examination. That being said, range of motion testing is not recommended as a separate billable service and it is unclear why the provider would seek reimbursement for what should be a routine component of the physical examination. Therefore, the request IS NOT medically necessary.