

Case Number:	CM15-0103498		
Date Assigned:	06/09/2015	Date of Injury:	08/16/2013
Decision Date:	07/13/2015	UR Denial Date:	04/27/2015
Priority:	Standard	Application Received:	05/29/2015

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: Pennsylvania

Certification(s)/Specialty: Internal 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 injured worker (IW) is a 49 year old female who sustained an industrial injury on 08/16/2013 due to cumulative trauma. She reported cumulative trauma to the wrists /hands/arms and fingers. The injured worker was diagnosed as having bilateral wrist sprain/strain, bilateral carpal tunnel syndrome versus radiculitis bilateral upper extremities, cervical radiculopathy, cervical sprain/strain, hand sprain/strain, and cervical disc bulge and spinal stenosis. Treatment to date has included splinting, medications, acupuncture, electrical stimulation, shockwave therapy, and physical therapy. A urine drug screen from 10/14/14 was submitted; results were negative for all substances tested. On 9/19/14, a pain management consultation report notes the injured worker complained of neck pain and pain in the bilateral wrists and hands, left greater than right. Naproxen, tramadol, and cyclobenzaprine were prescribed. A functional capacity evaluation report from 11/21/14 was submitted. Work status was noted as temporarily totally disabled on 2/24/15. In a 03/10/2015 Agreed Medical Examination (AME) evaluation the injured worker complained of bilateral wrist pain that she rated a 4-5/10 at its best and a 7-9/10 at its worst. Pain increased with gripping, grasping, lifting, pushing, pulling and repetitive use of the hand, but did not radiate beyond the wrists. Cold increased her pain. The IW complained of occasional numbness from the wrist to elbow on the left and decreased grip strength. It was noted that the injured worker was not currently working and that her last day of work was 8/19/13. Current medication is noted as ibuprofen. On examination there was diffuse hand and thumb tenderness; motor strength and deep tendon reflexes were normal. In electromyogram/nerve conduction velocity (EMG/NCV) tests (11/05/2013) there was evidence

of mild right superficial neuropathy. In May 2014, NCV findings were again within normal limits. In September 2014, bilateral upper extremities EMG/NCV studies were normal. MRI of the cervical spine on 01/07/2015 showed multiple broad based disc herniations and spinal canal stenosis. The March 10, 2015 agreed Medical Examination (AME) found the IW to have reached Maximal Medical Improvement. In a 03/31/2015 provider visit, the IW complained of pain in the bilateral wrists. Objective findings were tenderness in both wrists. The plan of care included physical therapy and specialist referrals. The following requests for authorization were made: Physical therapy x 16, Pain management consultation, Spine surgical consult, Orthopedic consultation, Neurological consult, Urinalysis, Clinical pathology consult, Functional capacity evaluation, Voltage Actuated Sensory Nerve Conduction Threshold (VSNCT), and Localized Intense Neurostimulation therapy (LINT). On 4/27/15 Utilization Review (UR) non-certified or modified requests for the items currently under Independent Medical Review, citing The MTUS, ODG, and additional medical guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy x 16: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Physical/Occupational Therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter: physical medicine treatment.

Decision rationale: This injured worker has neck, wrist, and hand pain. The documentation indicates that she has undergone some prior physical therapy, but no treatment notes with dates of treatment and outcome were submitted. Physical medicine is recommended by the MTUS with a focus on active treatment modalities to restore flexibility, strength, endurance, function, and range of motion, and to alleviate discomfort. The ODG states that patients should be formally assessed after a six visit clinical trial to evaluate whether physical therapy has resulted in positive impact, no impact, or negative impact prior to continuing with or modifying the physical therapy. Both the MTUS and ODG note that the maximum number of sessions for unspecified myalgia and myositis is 9-10 visits over 8 weeks, and 8-10 visits over 4 weeks for neuralgia, neuritis, and radiculitis. The records do not contain a sufficient prescription from the treating physician, which must contain diagnosis, duration, frequency, and treatment modalities, at a minimum. Reliance on passive care is not recommended. The physical medication prescription is not sufficiently specific, and does not adequately focus on functional improvement. No functional goals were discussed. Per the MTUS chronic pain section, functional improvement is the goal rather than the elimination of pain. The maximum recommended quantity of physical medicine visits is 10, with progression to home exercise. The current physical therapy prescription for 16 sessions exceeds the quantity recommended in the MTUS. Physical medicine for chronic pain should be focused on progressive exercise and self care, with identification of functional deficits and goals, and minimal or no use of passive

modalities. A non-specific prescription for "physical therapy" in cases of chronic pain is not sufficient. Due to insufficiently specific prescription, and number of sessions requested in excess of the guidelines, the request for physical therapy is not medically necessary.

Pain management consultation: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) forearm, wrist and hand chapter: office visits.

Decision rationale: The ODG notes that office visits are recommended as determined to be medically necessary. The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medicines require close monitoring. This injured worker has neck and bilateral hand/wrist pain. A pain management consultation was performed in September 2014. The treating physician has not specified the reason for another pain management consultation. There was no documentation of need for treatment which was beyond the scope of practice of the primary treating physician. Due to lack of specific indication, the request for pain management consultation is not medically necessary.

Spine surgical consult: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-181.

Decision rationale: The ACOEM neck and upper back chapter states that referral for surgical consultation is indicated for patients who have persistent, severe, and disabling shoulder or arm symptoms, activity limitation for more than one month or with extreme progression of symptoms, clear clinical, imaging, and electrophysiologic evidence consistently indicating the same lesion that has been shown to benefit from surgical repair, and unresolved radicular symptoms after receiving conservative treatment. This injured worker has neck and bilateral hand pain. Some reports note diagnosis of cervical radiculopathy. The most recent electrodiagnostic testing in September 2014 was normal. Recent examination showed normal motor strength, and there was no discussion of dermatomal decrease in sensation. MRI of the cervical spine from January 2015 did not demonstrate a specific lesion to account for the injured worker's symptoms. The treating physician has not provided a reason for the request for spine surgical consultation, and the records submitted do not describe a lesion that has been shown to benefit from surgical repair. Due to lack of specific indication, the request for spine surgical consultation is not medically necessary.

Orthopedic consultation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 254.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270-271. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) forearm, wrist and hand chapter: office visits.

Decision rationale: The ODG notes that office visits are recommended as determined to be medically necessary. The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The ACOEM states that referral for hand surgery consultation may be indicated for patients who have red flags of a serious nature, fail to respond to conservative management including worksite modifications, and have clear clinical and special study evidence of a lesion that has been shown to benefit from surgical consultation. Surgical considerations depend on the confirmed diagnosis of the presenting hand or wrist complaint. This injured worker has bilateral hand and wrist pain. Some reports refer to possible carpal tunnel syndrome, but the most recent electrodiagnostic testing from September 2014 was normal. The treating physician has not provided a reason for the request for orthopedic consultation. There was no discussion of possible carpal tunnel release. No red flag conditions were documented, and there was no documentation of presence of a lesion that has been shown to benefit from surgical consultation. Due to lack of specific indication, the request for orthopedic consultation is not medically necessary.

Neurological consult: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) forearm, wrist and hand chapter: office visits.

Decision rationale: The ODG notes that office visits are recommended as determined to be medically necessary. The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. This injured worker has neck pain and bilateral hand and wrist pain, with some complaint of numbness. Some reports discuss possible diagnoses of carpal tunnel syndrome versus radiculitis. The most recent electrodiagnostic testing was normal. The treating physician has not provided the reason for the request for neurology consultation. There was no documentation of need for treatment which was beyond the scope of practice of the primary treating physician. Due to lack of specific indication, the request for neurological consult is not medically necessary.

Urinalysis: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Criteria for use of urine drug testing.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines drug testing p. 43, opioids p. 77- 78, p. 89, p. 94 Page(s): 43, 77-78, 89, 94. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) chronic pain chapter: urine drug testing, opioids, screening tests for risk of addiction and misuse and Other Medical Treatment Guidelines UpToDate: Wald, Ron: Urinalysis in the diagnosis of kidney disease. In UpToDate, edited by Ted. W. Post, published by UpToDate in Waltham, MA, 2015.

Decision rationale: The reason for the request for urinalysis was not provided by the treating physician. It is possible that this may represent a request for urine drug testing. Medical necessity for a urine drug screen is predicated on a chronic opioid therapy program conducted in accordance with the recommendations of the MTUS, or for a few other, very specific clinical reasons. There is no evidence in this case that opioids or other habituating drugs are prescribed according to the criteria outlined in the MTUS. Although the injured worker was prescribed tramadol in the past, the most recent documentation indicates that the only current medication is ibuprofen. The lack of current use of opioids obviates the need for any drug testing, at least based on the assumption that it would be for an opioid therapy program. A urine drug screen from October 2014 was negative for all substances tested. It is also possible that this represents a request for a routine urinalysis. The urinalysis is used in evaluating acute and chronic kidney disease, and can be used to monitor the course of kidney diseases in some patients. It may be used in patients with suspected kidney disease (on the basis of clinical findings or concurrent illness) or kidney stones. In this case, there was no documentation of presence of suspicion of kidney disease. Due to lack of specific indication, the request for urinalysis is not medically necessary.

Clinical pathology consult: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines drug testing p. 43, opioids p. 77- 78, p. 89, p. 94 Page(s): 43, 77-78, 89, 94. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) chronic pain chapter: urine drug testing, opioids, screening tests for risk of addiction and misuse.

Decision rationale: The treating physician has not provided the reason for the request for clinical pathology consultation. The additional request for urinalysis, and some of the documentation which does include prior urine drug testing, suggests that this request may be related to urine drug screening. Medical necessity for a urine drug screen is predicated on a chronic opioid therapy program conducted in accordance with the recommendations of the MTUS, or for a few other, very specific clinical reasons. There is no evidence in this case that opioids or other habituating drugs are prescribed according to the criteria outlined in the MTUS. Although the injured worker was prescribed tramadol in the past, the most recent documentation indicates that the only current medication is ibuprofen. The lack of current use of opioids obviates the need for any drug testing, at least based on the assumption that it would be for an opioid therapy program. A urine drug screen from October 2014 was

negative for all substances tested. As the request for urinalysis has been determined to be not medically necessary. There was no documentation of need for any other laboratory testing which would require interpretation by a clinical pathologist. Due to lack of specific indication, the request for clinical pathology consult is not medically necessary.

Functional capacity evaluation: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 81, Chronic Pain Treatment Guidelines Work conditioning, work hardening Page(s): 126. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) fitness for duty chapter: functional capacity evaluation.

Decision rationale: The MTUS states that work conditioning and work hardening are recommended as an option, with specific criteria for admission. Approval of these programs requires a screening process that includes file review, interview and testing to determine likelihood of success in the program. A functional capacity evaluation may be required, and the evaluation should demonstrate capacities below an employer-verified physical demands analysis. Criteria for admission to a work hardening program include a defined return to work goal agreed to by the employer and the employee, with a documented specific job to return to with job demands that exceed abilities, or documented on-the-job-training. Per the ODG, functional capacity evaluation (FCE) is recommended prior to admission to a Work Hardening (WH) Program, with preference for assessments tailored to a specific task or job. FCE is not recommend for routine use as part of occupational rehab or screening, or generic assessments in which the question is whether someone can do any type of job generally. The current request does not meet this recommendation, as it appears to be intended for general rather than job-specific use. The documentation did not indicate that admission to a work hardening program was anticipated. The treating physician did not provide the reason for the request for a functional capacity evaluation. The documentation submitted includes the results of a functional capacity evaluation performed in November 2014. There was no documentation of re-injury or change in clinical condition since the time of that FCE, and the physician did not discuss why another FCE would be indicated. Due to lack of specific indication, the request for functional capacity evaluation is not medically necessary.

Voltage Actuated Sensory Nerve Conduction Threshold (VSNCT): Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) neck and upper back chapter: Voltage actuated sensory nerve conduction (testing), Current perception threshold (CPT) testing.

Decision rationale: The ODG states that voltage actuated sensory nerve conduction testing/current perception threshold testing are not recommended. There are no clinical studies demonstrating that quantitative tests of sensation improve the management and clinical outcomes of patients over standard qualitative methods of sensory testing. The Center for Medicare and Medicaid Services (CMS) conducted an independent review of more than 300 published studies and concluded that use of any type of device used to perform current perception threshold, pain perception threshold, or pain tolerance threshold, or voltage input type device used for voltage- nerve conduction threshold testing to diagnose sensory neuropathies or radiculopathies is not reasonable and necessary. As such testing is not recommended by the guidelines, the request for Voltage Actuated Sensory Nerve Conduction Threshold (VSNCT) is not medically necessary.

Localized Intense Neurostimulation therapy (LINT): Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) low back chapter: trigger point impedance imaging, hyperstimulation analgesia.

Decision rationale: Per the ODG, hyperstimulation analgesia is not recommended until there are higher quality studies. Localized manual high-intensity neurostimulation devices are applied to small surface areas to stimulate peripheral nerve endings, thus causing the release of endogenous endorphins. The procedure requires impedance mapping of the back. Initial results are promising, but only from two low quality studies sponsored by the manufacturer. The Official Disability Guidelines recommend against these procedures based on the lack of medical evidence. As this procedure is not recommended by the guidelines, the request for Localized Intense Neurostimulation therapy (LINT) is not medically necessary.