

Case Number:	CM15-0012562		
Date Assigned:	01/30/2015	Date of Injury:	09/07/2014
Decision Date:	05/01/2015	UR Denial Date:	01/06/2015
Priority:	Standard	Application Received:	01/21/2015

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, New York, 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 29-year-old Securitas employee who has filed a claim for shoulder pain, headaches, upper back pain, neck pain, and ankle pain reportedly associated with an industrial injury of September 7, 2014. In a Utilization Review Report dated January 6, 2015, the claims administrator failed to approve requests for an initial functional capacity evaluation, urine drug testing, a neurology consultation, twelve sessions of chiropractic manipulative therapy and a TENS unit. The claims administrator did, however, partially approve the request for 12 sessions of manipulative therapy as six sessions of the same. The claims administrator referenced a December 18, 2014 progress note in its determination. Non-MTUS Chapter 7 ACOEM Guidelines were invoked and were, furthermore, mislabeled as originating from the MTUS. The applicant's attorney subsequently appealed. On said December 18, 2014 progress note, the applicant reported multifocal complaints of shoulder pain, trapezius pain, ankle pain, and foot pain with associated allegations of headaches, dizziness, diminished memory, and difficulty concentrating. The applicant had been terminated by his former employer, it was acknowledged, but was working elsewhere, as a security guard, it was acknowledged. The applicant had obtained attorney representations. Multifocal complaints of neck pain, mid back pain, shoulder pain, ankle pain, foot pain, and headaches were all reported. The applicant had undergone a previous surgery for ventriculoperitoneal (VP) shunt in 1980, it was acknowledged. Difficulty lifting was reported. The applicant exhibited diminished bilateral shoulder range of motion with flexion to 140 degrees about the left shoulder versus 120 degrees about the right shoulder. The applicant was given diagnoses of traumatic brain injury, posttraumatic headaches,

postconcussion syndrome, myofascial pain syndrome, thoracic spine pain, ankle pain, and foot pain. Naprosyn, a TENS unit, chiropractic manipulative therapy, and a functional capacity testing were endorsed while the applicant was returned to regular duty work. Non-MTUS Chapter 6 ACOEM Guidelines were referenced throughout the report.

IMR ISSUES, DECISIONS AND RATIONALES

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

Initial functional capacity evaluation of the bilateral shoulders, left ankle strain and traumatic brain injury: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM) Practice Guidelines:Independent Medical Evaluations and Consultations Chapter, pages 137-138.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 21.

Decision rationale: No, the request for an initial functional capacity evaluation was not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 2, page 21 does suggest considering a functional capacity evaluation when necessary to translate medical impairment into limitations and restrictions and to determine work capability, in this case, however, the applicant had already successfully returned to regular duty work as of the date of the request, December 18, 2014, seemingly obviating the need for the functional capacity evaluation in question. The applicant had found alternate work as a security guard and was working regular duty in that role, the treating provider acknowledged, as of the date the functional capacity evaluation was proposed. No clear rationale for FCE testing in the clinical and vocational context present here was furnished by the attending provider. Therefore, the request was not medically necessary.

Urine drug screen test: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43. Decision based on Non-MTUS Citation ##### ODG Integrated Treatment/ Disability Duration Guidelines Pain (Chronic)Urine drug testing (UDT).

Decision rationale: Similarly, the request for 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 acknowledge that intermittent drug testing is recommended in the chronic pain population, the MTUS does 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 state which drug tests and/or drug panels he intends to test for, and attempt to categorize the applicants into higher- or lower-risk categories for which more or less frequent drug testing would be indicated. Here, however, the attending provider made no attempt to categorize the applicant into higher- or lower-risk categories for which more or less frequent drug testing would be indicated. The attending provider did not state when the applicant was last tested. It was not stated which drug tests and/or drug panels were proposed. Since several ODG criteria for pursuit of drug testing were not met, the request was not medically necessary.

Neurology consultation for traumatic brain injury: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM) Practice Guidelines:Chapter 7, Independent Medical Evaluations and Consultations, Page 127.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 92.

Decision rationale: The request for a neurology consultation for a traumatic brain injury, conversely, was medically necessary, medically appropriate, and indicated here. As noted in the MTUS Guideline in ACOEM Chapter 5, page 92, a referral may be appropriate when a practitioner is uncomfortable treating or addressing a particular cause of delayed recovery. Here, the applicant's primary treating provider (PTP) was likely ill-equipped to address issues and/or allegations of posttraumatic headaches with associated dizziness, diminished memory, and difficulty concentrating. Obtaining the added expertise of a practitioner better-qualified to address such issues and/or allegations, namely a neurologist, was, thus, indicated. Therefore, the request was medically necessary.

Chiropractic treatment for bilateral shoulders 3 times a week for 4 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 203.

Decision rationale: The request for 12 sessions of chiropractic manipulative therapy for the bilateral shoulders, conversely, was not medically necessary, medically appropriate, or indicated here. Page 58 of the MTUS Chronic Pain Medical Treatment Guidelines does not address the topic of chiropractic manipulative therapy for the shoulders, the body part at issue here. While the MTUS Guideline in ACOEM Chapter 9, page 203 does acknowledge that manipulation by manual therapy has been described as effective for applicants with frozen shoulders, ACOEM qualifies this recommendation by noting that the period of treatment for manipulative therapy for the shoulder is limited to a few weeks, as results diminish over time. Here, thus, the request for

12 sessions of manipulative therapy, thus, ran counter to ACOEM principles and parameters. Furthermore, the attending provider gave the applicant a primary operating diagnosis of myofascial pain syndrome as opposed to that of a frozen shoulder for which manipulative therapy would have been indicated. Therefore, the request was not medically necessary.

TENS (Transcutaneous Electrical Nerve Stimulation) unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, Chronic Pain (Transcutaneous Electrical Nerve Stimulation).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of TENS Page(s): 116.

Decision rationale: Finally, the request for a TENS unit (purchase) was not medically necessary, medically appropriate, or indicated here. As noted on page 116 of the MTUS Chronic Pain Medical Treatment Guidelines, a request to purchase the TENS unit should be predicated on evidence of favorable outcome during an earlier one-month trial of the same, with evidence of positive outcome in terms of both pain relief and function. Here, however, the attending provider prescribed and/or dispensed the TENS unit without seemingly having the applicant first undergo a one-month trial of the same. Page 116 of the MTUS Chronic Pain Medical Treatment Guidelines also notes that a TENS unit trial should be attempted only in those applicants in whom other appropriate pain modalities, including analgesic medications, have been tried and/or failed. Here, however, the applicant had seemingly responded favorably to previous usage of Naprosyn, a first-line oral pharmaceutical, as evinced by his successful return to regular duty work, seemingly obviating the need for the TENS unit request at issue. Therefore, the request was not medically necessary.