

<b>Case Number:</b>	CM15-0135009		
<b>Date Assigned:</b>	07/23/2015	<b>Date of Injury:</b>	12/20/2014
<b>Decision Date:</b>	10/06/2015	<b>UR Denial Date:</b>	06/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/13/2015

### 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, 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 32-year-old who has filed a claim for chronic shoulder and upper back pain reportedly associated with an industrial injury of December 20, 2014. In a Utilization Review report dated June 14, 2015, the claims administrator failed to approve requests for urine toxicology screening, a single positional MRI of the shoulder, extracorporeal shock wave therapy for the shoulder, 12 sessions of manipulative therapy, positional neck MRI, manipulative therapy for the neck, and several topical compounded agents. The claims administrator referenced a May 14, 2015 progress note and an associated RFA form of the same date in its determination. The applicant's attorney subsequently appealed. The applicant seemingly received multiple extracorporeal shock wave therapy treatments in May 2015, targeting both the cervical spine and the shoulder. The treating provider appealed several of the denials in a highly templated fashion via a letter dated June 23, 2015. On a handwritten progress note dated May 14, 2015, difficult to follow, not entirely legible, the applicant reported multifocal complaints of neck, shoulder, and bilateral trapezius pain. The applicant was given diagnoses of cervical strain, shoulder tendonitis, and insomnia. The applicant was using Ambien, it was reported. The note comprised in large part, of pre-printed checkboxes. The applicant had alleged multifocal pain complaints secondary to cumulative trauma at work. Shoulder MRI imaging, cervical MRI imaging, physical therapy, manipulative therapy, orthopedic consultation, and urine drug testing were endorsed through preprinted checkboxes. Little-to-no narrative commentary was attached. The applicant was given work restrictions, although it did not appear that the applicant was working with said limitations in place. Several topical compounded agents were endorsed.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Urine Toxicology Screen:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opiates steps to avoid misuse/addiction.

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

**Decision rationale:** No, the request for a urine toxicology screen (AKA urine drug screen) was not medically necessary, medically appropriate, or indicated here. While page 43 of the MTUS Chronic Pain Medical Treatment Guidelines does recommend drug testing as an option to assess for the presence or absence of illicit drugs 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 what drug tests and/or drug panels he intended to test for, attempt to categorize applicants into higher- or lower-risk categories for whom more or less frequent drug testing would be indicated. Here, however, the attending provider's handwritten May 14, 2015 progress note did not seemingly incorporate the applicant's complete medication list. It was not stated what drug tests and/or drug panels were being tested for. It was not stated when the applicant was last tested. Since multiple ODG criteria for pursuit of drug testing were not met, the request was not medically necessary.

### **Single positional MRI left shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 208 and 209.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 214.

**Decision rationale:** Similarly, the request for a positional MRI of the shoulder was likewise not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 9, Table 9-6, page 214, the routine usage of shoulder MRI imaging or arthrography for evaluation purposes without surgical indications is deemed 'not recommended'. Here, the handwritten May 14, 2015 progress note made no mention of how (or if) the proposed shoulder MRI would influence or alter the treatment plan. There was no mention of the applicant's willingness to consider or contemplate any kind of surgical intervention based on the outcome of the study. Therefore, the request was not medically necessary.

### **Shockwave Therapy Treatments Left Shoulder: Upheld**

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

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

**Decision rationale:** Similarly, the request for extracorporeal shock wave therapy treatments to the left shoulder was likewise not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 9, page 203 notes that some medium quality evidence supports the usage of high-energy extracorporeal shock wave therapy for the specific diagnosis of calcifying tendonitis of the shoulder, here, however, there was no mention of the applicant's carrying a diagnosis of calcifying tendonitis of the shoulder for which extracorporeal shock wave therapy (ESWT) would be indicated. Rather, the attending provider's May 14, 2015 progress note suggested that the applicant carried a diagnosis of nonspecific shoulder tendonitis without any radiographic evidence of calcifying deposits about the same. This was/is not, however, per ACOEM, an indication for extracorporeal shock wave therapy for the shoulder. Therefore, the request was not medically necessary.

### **Chiropractic Therapy Left Shoulder QTY 12: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 59-60.

**Decision rationale:** Similarly, the request for 12 sessions of chiropractic manipulative therapy for the shoulder was likewise not medically necessary, medically appropriate, or indicated here. While pages 59 and 60 of the MTUS Chronic Pain Medical Treatment Guidelines do support up to 24 sessions of manipulative therapy in applicants who demonstrate treatment success by achieving and/or maintaining successful return to work status, here, however, it did not appear that the applicant was working as of the May 14, 2015 progress note at issue. The applicant's response to previous manipulative therapy was not clearly described, detailed, or characterized. It did not appear that the applicant had profited from receipt of earlier unspecified amounts of chiropractic manipulative therapy through the date of the request. Therefore, the request was not medically necessary.

### **Single positional MRI neck: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177 and 178.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182.

**Decision rationale:** Similarly, the request for a positional MRI of the neck was likewise not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 8, Table 8-8, page 182 does recommend MRI or CT imaging of the cervical spine to help validate diagnosis of nerve root compromise, based on clear history and physical exam findings, in preparation for an invasive procedure, here, however, the May 14, 2015 progress note at issue made no mention of how (or if) the proposed neck MRI would influence or alter the treatment plan. There was no mention of the applicant's willingness to consider or contemplate any kind of surgical intervention based on the outcome of the same. A clear or differential diagnosis list was not furnished. The article in question was ordered through preprinted checkboxes, without much in the way of supporting rationale or supporting commentary. It did not appear, however, that the applicant was intent on pursuing any kind of surgical remedy based on the outcome of the same. Therefore, the request was not medically necessary.

### **Shockwave Therapy Treatments for Neck: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Ultrasound, therapeutic Page(s): 123. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Occupational Disorders of the Neck and Upper Back, Extracorporeal shock wave therapy (ESWT).

**Decision rationale:** Similarly, the request for extracorporeal shock wave therapy treatments for the neck was likewise not medically necessary, medically appropriate, or indicated here. Extracorporeal shock wave therapy is a variant of therapeutic ultrasound. However, page 123 of the MTUS Chronic Pain Medical Treatment Guidelines notes that therapeutic ultrasound, i.e., the modality at issue, is deemed 'not recommended' in the chronic pain context present here. ODG's Neck Chapter Extracorporeal Shock Wave Therapy states that shock wave therapy is 'not recommended' in the neck/spine/back pain. The attending provider failed to furnish a clear or compelling rationale for selection of this particular modality in the face of the unfavorable MTUS and ODG positions on the same. Therefore, the request was not medically necessary.

### **Chiropractic Therapy Visits for Neck QTY 12: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 59-60.

**Decision rationale:** Similarly, the request for 12 sessions of chiropractic manipulative for the neck was likewise not medically necessary, medically appropriate, or indicated here. While pages 59 and 60 of the MTUS Chronic Pain Medical Treatment Guidelines do support 24 sessions of chiropractic manipulative therapy in applicants who demonstrate treatment success by achieving and/or maintaining successful return to work status, here, however, the attending provider's hand written May 14, 2015 progress note did not clearly state whether the applicant was or was not working with a rather proscriptive 25-pound lifting limitation in place, although this did not appear to be the case. Treatment success with earlier manipulative therapy was not

clearly established via the attending provider's handwritten May 14, 2015 progress note. Therefore, the request was not medically necessary.

**Gabapentin 15%, Amitriptyline 4%, Dextromethorphan 10% 180gm: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

**Decision rationale:** Similarly, the request for a gabapentin-amitriptyline-dextromethorphan-containing topical compound was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 113 of the MTUS Chronic Pain Medical Treatment Guidelines, gabapentin, i.e., the primary ingredient in the compound in question, is not recommended for topical compound formulation purposes. This result in the entire compound's carrying an unfavorable recommendation, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.

**Cyclobenzaprine 2%, Flurbiprofen 25% 180gm: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

**Decision rationale:** Finally, the request for a cyclobenzaprine-containing topical compound was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 113 of the MTUS Chronic Pain Medical Treatment Guidelines, muscle relaxants such as cyclobenzaprine, i.e., the primary ingredient in the compound in question, are 'not recommended' for topical compound formulation purposes. Since one or more ingredients in the compound is not recommended, the entire compound was not recommended, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.