

Case Number:	CM15-0205432		
Date Assigned:	10/22/2015	Date of Injury:	06/23/2014
Decision Date:	12/29/2015	UR Denial Date:	09/21/2015
Priority:	Standard	Application Received:	10/19/2015

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: Arizona, Michigan

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 injured worker is a 24 year old female who sustained an industrial injury on 6-23-2014. A review of medical records indicates the injured worker is being treated for lumbar spine sprain strain and left shoulder sprain strain. Medical records dated 8-28-2015 noted left shoulder pain rated a 4 without activities and 8 with activities. She also reported low back pain with pain radiating into the bilateral lower extremity rated a 0 without activities and a 10 with activities. She is currently not working. Physical examination noted +2 tenderness over the bilateral paraspinals, quadratus lumborum, and gluteal muscle. There were +2 spasms noted. There was mild tenderness over the L3 to coccyx. There was +1 tenderness over the left shoulder with + 1 spasm in the left upper trapezius. Treatment has included 6 sessions of physical therapy, acupuncture, medications, and injection which helped significantly. Utilization review form dated 9-21-2015 noncertified physical therapy for the left shoulder 2 x 4, functional improvement measurement x 1 baseline, Autonomic nervous system evaluation, and Gene analysis common variants, molecular pathology procedure level 2.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 x 4 for the left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: Per the MTUS, physical therapy is recommended following specific guidelines, allowing for fading of treatment frequency from up to 3 visits per week to 1 or less, plus active self directed home physical medicine. For myalgia and myositis unspecified the guidelines recommend 9-10 visits over 8 weeks. Neuralgia, neuritis and radiculitis unspecified 8-10 visits over 4 weeks. A review of the injured workers medical records reveal that she has already had at least 25 sessions of physical therapy, however there is no description of pain and functional improvement with prior physical therapy, there is also no description of her home exercise regimen and how she is progressing with it, without this information medical necessity for additional sessions is not established. Therefore, the request for Physical therapy 2 x 4 for the left shoulder is not medically necessary.

Functional improvement measurements x 1 baseline: 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, Functional Improvement Measures.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Functional improvement measures.

Decision rationale: Per the MTUS functional improvement measures are 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. However the rationale for ordering this as a separate intervention is unclear as these are measures that would normally be incorporated into a history and physical (Evaluation and Management), therefore the request for Functional improvement measurements x 1 baseline is not medically necessary.

Autonomic nervous system 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 (ODG), 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 (ODG) Pain (Chronic) / Autonomic nervous system function testing.

Decision rationale: The MTUS/ACOEM did not address the use of autonomic nervous system evaluation therefore other guidelines were consulted. Per the ODG, Autonomic nervous system

is generally not recommended rather they recommend assessment of clinical findings as the most useful method of establishing the diagnosis of CRPS. Specific procedures are not generally recommended. A gold standard for diagnosis of CRPS has not been established and no test has been proven to diagnose this condition. Assessment of clinical findings is currently suggested as the most useful method of establishing the diagnosis. A review of the injured workers medical records do not reveal a clear rationale or indication for ordering this test, therefore the request for Autonomic nervous system evaluation is not medically necessary.

Evaluation, gene analysis common variants and molecular pathology procedure level 2:
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), Pharmacogenetic testing/pharmacogenomics (opioids & chronic non-malignant pain).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (chronic) / Genetic testing for potential opioid abuse.

Decision rationale: The MTUS /ACOEM did not address the use of genetic testing, therefore other guidelines were consulted. Per the ODG genetic testing is not recommended. While there appears to be a strong genetic component to addictive behavior, current research is experimental in terms of testing for this. Studies are inconsistent, with inadequate statistics and large phenotype range. Different studies use different criteria for definition of controls. More work is needed to verify the role of variants suggested to be associated with addiction and for clearer understanding of their role in different populations. A review of the injured workers medical records do not reveal documentation that clarifies the need for this level of testing in the injured worker, without this information medical necessity is not established. The request is not medically necessary.