

<b>Case Number:</b>	CM15-0033306		
<b>Date Assigned:</b>	02/26/2015	<b>Date of Injury:</b>	07/23/2013
<b>Decision Date:</b>	04/22/2015	<b>UR Denial Date:</b>	02/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/23/2015

### 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: New York  
 Certification(s)/Specialty: Emergency 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 61 year old male who has reported the gradual onset of shoulder, arm, neck, back, and leg pain attributed to usual work activity, with a listed injury date of July 23, 2013. The diagnoses have included cervical strain, radiculopathy, shoulder strain, lumbar strain, thoracic strain, and pes planus. Treatment to date has included podiatry consultation, chiropractic, physical therapy, and medications. Treatment has been provided by a chiropractor and various secondary providers. The chiropractor reports during 2014-2015 contain much of the same information from report to report, along with treatment plans including multiple referrals and tests for which there is little or no apparent rationale. The treating chiropractor has treated the injured worker with physical therapy modalities on multiple occasions during 2014 and 2015. None of the PR2s discuss the results or quantity of this therapy. On 8/5/13 a physician prescribed acupuncture, physical therapy, a urine drug screen, compounded topical creams, a pain management referral, and various kinds of durable medical equipment. Per the report dated 7/11/14, there was pain in the neck, back and shoulder. The evaluation was cursory. Naproxen and omeprazole were prescribed. A urine drug screen was performed as a baseline, to predict future compliance, rule out medication toxicity, and look for illicit drugs. Per the DPM evaluation on 12/18/14, the injured worker was limping and had bilateral lower extremity pain, weakness, and instability. Pes planus was present. Diffuse tenderness was present in the feet and ankles. Orthotics were prescribed for alignment, low back pain, and pronation. Per a DPM report of 1/23/15, the injured worker had low back and leg pain, and was to have orthotics. The physical examination was either normal or unchanged from the prior visit. Per the 1/23/15 PR2

from the primary treating physician chiropractor, there was neck pain radiating to the left arm, and low back pain with radiation to the legs. The treatment plan includes orthopedic consultation, cervical/lumbar epidural steroid injections, physical therapy, chiropractic therapy, acupuncture, aquatic therapy, custom orthotics, and other unorthodox tests. There was no discussion of the indications or content for most of the requested items that were referred to Independent Medical Review. The MD referral was for pain medication and urine screen to r/o meds toxicity. The DPM referral was for low back pain and orthotics to correct altered biomechanics. On 2/9/15 Utilization Review non-certified a podiatry consultation, orthotics, a physician visit, a urine drug test, and aquatic therapy. The MTUS was cited in support of this decision.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Follow up with Podiatrist: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, Chapter 7, Second Edition, page 27.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chapter 14 Ankle and Foot Complaints Page(s): 370, 376, 308. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Foot and ankle chapter, Orthotic devices. Adult acquired flatfoot (pes planus).

**Decision rationale:** The primary reason for this referral appears to be back pain. Unspecified biomechanical deficits are also invoked. Orthotics are to be made, The ACOEM Guidelines recommend against shoe lifts for back pain and orthotics are recommended only for plantar fasciitis and metatarsalgia. The Official Disability Guidelines has similar recommendations. The Official Disability Guidelines have a detailed list of recommendations for evaluation and treatment of pes planus, including a grading system and a variety of conservative and surgical care. The reports from the DPM do not adequately present reasons for orthotics in light of the guidelines, and any pes planus condition is not adequately evaluated. The treatment plan is not consistent with the Official Disability Guidelines recommendations for pes planus, including the initial stages of conservative care contingent upon the grade of pes planus. A follow-up visit for further care which is not in accordance with guideline recommendations is not medically necessary.

#### **Custom Orthotics: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints, Chapter 12 Low Back Complaints Page(s): 370, 376, 308. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Foot and ankle chapter, Orthotic devices. Adult acquired flatfoot (pes planus).

**Decision rationale:** The primary reason for orthotics appears to be back pain. Unspecified biomechanical deficits are also invoked. The ACOEM Guidelines recommend against shoe lifts for back pain and orthotics are recommended only for plantar fasciitis and metatarsalgia. The Official Disability Guidelines has similar recommendations. The Official Disability Guidelines have a detailed list of recommendations for evaluation and treatment of pes planus, including a grading system and kinds of conservative and surgical care. The reports from the DPM do not adequately present reasons for orthotics in light of the guidelines, and any pes planus condition is not adequately evaluated. The treatment plan is not consistent with the Official Disability Guidelines recommendations for pes planus, including the initial stages of conservative care contingent upon the grade of pes planus. The proposed orthotics are not in accordance with guideline recommendations are not medically necessary.

**Follow up with MD:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, Chapter 7, Second Edition, page 27.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, drug screens, steps to avoid misuse/addiction. Urine drug screen to assess for the use or the presence of illegal drugs. Use of drug screening or inpatient treatment with issues of abuse, addiction, or poor pain control. Opioid contracts: (9) Urine drug screens may be required. Opioids, steps to avoid misuse/addiction: c) Frequent random urine toxicology screens. Approach to medications for chronic pain Page(s): 77-80, 94,43, 77,78,89,94,7-8. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Urine Drug Testing (UDT) in patient-centered clinical situations, criteria for use.

**Decision rationale:** The treating chiropractic has stated that this referral is for pain medication and urine screen to r/o meds toxicity. There is no apparent indication for any urine drug screen or any other urine test per the available records. At the prior visit with an MD on 7/11/14 a urine test was performed without adequate justification and a repeat of that kind of testing is not necessary. Specific recommendations for urine drug screens are found in the citations above. Any other kind of testing would need to be explained by the treating physician. As it stands now, there is no clear basis for any urine testing and it is not medically necessary. The MD on 7/11/14 prescribed two medications, about which no subsequent reports discuss. It is not clear if the injured worker ever took these medications, what sort of results there might have been, and why further medications are warranted. The MD evaluation on 7/11/14 was of lower quality, too cursory, not in accordance with the MTUS recommendations for prescribing medications, and a repeat evaluation of this kind is not warranted. The MTUS for chronic pain cited above, pages 7-8, discusses the approach to using medications for chronic pain, and none of this kind of information was presented in any of the reports. The treating physician has not provided enough information to support this referral which is not in accordance with the MTUS and other guidelines. Therefore the request is not medically necessary.

**Urine Screen:** 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 Opioids, drug screens, steps to avoid misuse/addiction. Urine drug screen to assess for the use or the presence of illegal drugs. Use of drug screening or inpatient treatment with issues of abuse, addiction, or poor pain control. Opioid contracts: (9) Urine drug screens may be required. Opioids, steps to avoid misuse/addiction: c) Frequent random urine toxicology screens Page(s): 77-80, 94,43, 77,78,89,94.

**Decision rationale:** The treating chiropractic has stated that the MD referral is for pain medication and urine screen to r/o meds toxicity. There is no apparent indication for any urine drug screen or any other urine test per the available records. At the prior visit with an MD on 7/11/14 a urine test was performed without adequate justification and a repeat of that kind of testing is not necessary. Specific recommendations for urine drug screens are found in the citations above. There are no reports showing any current medications which require urine drug screens. Any other kind of testing would need to be explained by the treating physician, and no such explanation is evident. As it stands now, there is no clear basis for any urine testing and it is not medically necessary.

**Aquatic Therapy 2 x 3:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional restoration as goal of treatment; Aquatic therapy; Physical Medicine Page(s): 22,9,98-99.

**Decision rationale:** There are no essential exercises or therapy for the neck or back which can only be performed in the water. Medical necessity, if any, is based on the requirement that this or any other patient must exercise only in the water. The MTUS for Chronic Pain notes that aquatic therapy is recommended where reduced weight bearing is desirable, as with extreme obesity. In general, patients should perform land therapy, in that land exercise is essential for development of strength, proprioception, and core stabilization. The treating physician has not described any specific indications for water exercise for this patient. The injured worker has already attended many visits of land-based physical therapy, and the treating physician has not provided any rationale why further physical therapy of any form is necessary. The referral for aquatic therapy is not medically necessary based on the lack of indications as specified in the MTUS. Therefore the request is not medically necessary.