

Case Number:	CM15-0034832		
Date Assigned:	03/03/2015	Date of Injury:	09/06/2013
Decision Date:	04/14/2015	UR Denial Date:	02/04/2015
Priority:	Standard	Application Received:	02/24/2015

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: California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 34 year old male, who sustained an industrial injury on 9/6/13. He has reported back injury. The diagnoses have included discogenic back pain, lumbar spine sprain/strain and insomnia. Treatment to date has included acupuncture, chiropractic treatment, medications and activity modification. Currently, the injured worker complains of constant dull, sharp and throbbing neck pain; pain in lower back traveling to both legs described as sharp and throbbing and numbness and tingling are also present. Progress note dated 1/23/15 the injured worker stated there was little pain relief with medications. He also complains of difficulty falling asleep due to pain. He stated his pain is reduced with rest and activity. On 2/4/15 Utilization Review non-certified autonomic nervous system function test, noting the medial necessity is not established due to the injured worker's symptoms and physical exam findings are not suggestive of autonomic nervous system function; baseline urinalysis, noting there is no documented indication for a urinalysis; and [REDACTED] narcotic risk test, noting it is not recommended. The MTUS, ACOEM Guidelines, was cited. On 2/6/15, the injured worker submitted an application for IMR for review of autonomic nervous system function test, baseline urinalysis and [REDACTED] narcotic risk test.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Autonomic Nervous system Function Test: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Pain (Chronic) Chapter under Autonomic nervous system function testing.

Decision rationale: The patient presents with neck pain, bilateral low back pain, left greater than right, rated 9/10 and insomnia secondary to pain. The request is for AUTONOMIC NERVOUS SYSTEM FUNCTION TEST. Physical examination to the lumbar spine on 01/23/15 revealed tenderness to palpation to the paraspinal muscles bilaterally. Range of motion was decreased in all planes. Straight leg raising test was positive bilaterally. Patient's treatments include chiropractic, acupuncture, physical therapy and medications. Per 01/23/15, Request For Authorization form, patient's diagnosis include lumbar spine sprain/strain, discogenic back pain, and insomnia due to pain. Per 01/23/15 progress report, patient's medications include Norco, Lidall Patch and Ibuprofen. Patient is permanent and stationary. ODG-TWC, Pain (Chronic) Chapter under Autonomic nervous system function testing states: "Not generally recommended as a diagnostic test for CRPS." According to RFA dated 01/23/15, treater's reason for the request is: "Autonomic Nervous System diagnostic testing is critical and medically necessary in order to objectively measure the patient's cardiac, respiratory and peripheral autonomic nervous system functioning and screen for any signs and symptoms arising out of the industrial injury that are known, with reasonable medical probability, to be influenced or aggravated by autonomic imbalance and dysfunction. During an injurious event, the nervous system provokes a biological defensive response to autonomic, endocrine and immune processes. Imbalanced cardiac, respiratory and peripheral/diabetic autonomic function reduces the body's ability to heal and may lead to chronic trauma." The patient presents with neck pain, bilateral low back pain, left greater than right, rated 9/10 and insomnia secondary to pain. None of the progress reports discuss cardiac or respiratory complaints by the patient. Per 12/12/14 progress report, patient's sensory and motor tests were normal. In this case, the medical necessity of the request is not established and therefore, the request IS NOT medically necessary.

1 Baseling Urinalysis: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43. Decision based on Non-MTUS Citation Official disability guidelines Pain chapter for Urine Drug Testing.

Decision rationale: The patient presents with neck pain, bilateral low back pain, left greater than right, rated 9/10 and insomnia secondary to pain. The request is for BASELINE URINALYSIS. Physical examination to the lumbar spine on 01/23/15 revealed tenderness to palpation to the paraspinal muscles bilaterally. Range of motion was decreased in all planes. Straight leg raising

test was positive bilaterally. Patient's treatments include chiropractic, acupuncture, physical therapy and medications. Per 01/23/15, Request For Authorization form, patient's diagnosis include lumbar spine sprain/strain, discogenic back pain, and insomnia due to pain. Per 01/23/15 progress report, patient's medications include Norco, Lidall Patch and Ibuprofen. Patient is permanent and stationary. MTUS Chronic Pain Medical Treatment Guidelines, for Testing, pg 43 states: Recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs. ODG-TWC Guidelines, online, Pain chapter for Urine Drug Testing states: Patients at "low risk" of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. There is no reason to perform confirmatory testing unless the test is inappropriate or there are unexpected results. If required, confirmatory testing should be for the questioned drugs only. Per 01/23/15 RFA, treater's reason for the request is to monitor compliance with prescribed medications. Patient was prescribed Norco on 08/19/14 and 01/23/15. Ultram was prescribed on 08/19/14, 09/16/14, 10/14/14 and 10/28/14. There are no records of a prior UDS. ODG states that once yearly screening is sufficient for chronic opiate use in low risk patient. The request appears to be reasonable and is within the guideline recommendations and therefore, it IS medically necessary.

██████ **Narcotic Risk Test:** Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Pain (Chronic) chapter, Genetic testing for potential opioid abuse.

Decision rationale: The patient presents with neck pain, bilateral low back pain, left greater than right, rated 9/10 and insomnia secondary to pain. The request is for ████████ NARCOTIC RISK TEST. Physical examination to the lumbar spine on 01/23/15 revealed tenderness to palpation to the paraspinal muscles bilaterally. Range of motion was decreased in all planes. Straight leg raising test was positive bilaterally. Patient's treatments include chiropractic, acupuncture, physical therapy and medications. Per 01/23/15, Request For Authorization form, patient's diagnosis include lumbar spine sprain/strain, discogenic back pain, and insomnia due to pain. Per 01/23/15 progress report, patient's medications include Norco, Lidall Patch and Ibuprofen. Patient is permanent and stationary. The MTUS and ACOEM Guidelines do not discuss genetic testing. ODG Guidelines, Pain (Chronic) chapter, Genetic testing for potential opioid abuse, state that 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. Per 01/23/15 RFA, treater's reason for the request is to identify the genetic factors of narcotic abuse, tolerance and dependence to improve patient outcomes and contain or avoid costs from unnecessary high-dose narcotic usage. However, the guidelines do not support genetic testing for opioid abuse due to lack of consistent studies and adequate statistics. Therefore, the request IS NOT medically necessary.

