

Case Number:	CM15-0053545		
Date Assigned:	03/27/2015	Date of Injury:	07/17/2014
Decision Date:	05/13/2015	UR Denial Date:	03/06/2015
Priority:	Standard	Application Received:	03/20/2015

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: Pennsylvania

Certification(s)/Specialty: Internal 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 55 year old male who has reported widespread pain after an injury on 7/17/14. The diagnoses have included cervical spine strain/sprain, radiculitis, lumbosacral sprain/strain, bilateral shoulder sprain/strain, bilateral wrist sprain/strain, head pain, elbow sprain/strain, and depression. Treatments have included medications, physical therapy, acupuncture, and chiropractic treatments. Reports from the current primary treating physician during 2014-2015 reflect ongoing back pain. Physical therapy reportedly helped pain and function, with no description of any details. The report of 12/18/14 referred to ongoing physical therapy for the upper extremities, 12 visits. Medications included topical compounds, cyclobenzaprine, and Motrin. Work status was modified. There was no discussion of the specific results of any treatment. Per the PR-2 dated 1/29/15, there was ongoing widespread pain. The physical examination was notable for tenderness and restricted range of motion of painful areas. There were no neurological signs or symptoms. The treatment plan included physical therapy for the upper extremities, an MRI of lumbar spine, extracorporeal shockwave therapy to the left shoulder, patient education web classes [no further information discussed], and a urine toxicology test. No medications were listed or discussed. Subsequent bills included "web-based education" for discectomy, epidural steroid injection, knee arthroscopy, extracorporeal shock wave therapy (ESWT), lumbar fusion, anesthesia, informed consent, opioids, and urine drug screens. On 3/6/15 Utilization Review non-certified physical therapy, an MRI, ESWT, classes, and a urine drug screen. Note was made of 25 prior physical therapy sessions. The MTUS and

the Official Disability Guidelines were cited. Utilization Review noted the requests did not match the recommendations in the guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy x8 to the bilateral upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines physical medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Physical Therapy for the Low Back, Low Back Procedure Summary.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Introduction, functional improvement; Physical Medicine Page(s): 9, 98-99.

Decision rationale: The treating physician has not provided an adequate prescription, which must contain diagnosis, duration, frequency, and treatment modalities, at minimum. The prescription did not provide specific diagnoses and body parts or treatment modalities. Per the MTUS, Chronic Pain section, functional improvement is the goal rather than the elimination of pain. The maximum recommended quantity of Physical Medicine visits is 10, with progression to home exercise. The treating physician has not stated a purpose for the current physical therapy prescription. It is not clear what is intended to be accomplished with this physical therapy, given that it will not cure the pain and there are no other goals of therapy. The current physical therapy prescription exceeds the quantity recommended in the MTUS. This injured worker has already completed a course of Physical Medicine (at least 12 visits) which exceeds the quantity of visits recommended in the MTUS. No medical reports identify specific functional deficits, or functional expectations for further Physical Medicine. The Physical Medicine prescription is not sufficiently specific, and does not adequately focus on functional improvement. There is no evidence of functional improvement from the physical therapy already completed. Given the completely non-specific prescription for physical therapy in this case, it is possible that the therapy will use or even rely on passive modalities. Note that the MTUS recommends against therapeutic ultrasound and passive modalities for treating chronic pain. The physical therapy already completed relied on passive modalities. Additional Physical Medicine is not medically necessary based on the MTUS, lack of sufficient emphasis on functional improvement, and the failure of Physical Medicine to date to result in functional improvement as defined in the MTUS.

Lumbar MRI: 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): Lumbar MRI.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chapter 12,, imaging Page(s): 303, 309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back chapter, MRI.

Decision rationale: The treating physician has not described the clinical evidence of significant pathology discussed in the MTUS, such as "Unequivocal objective findings that identify specific nerve compromise on the neurologic examination." No 'red flag' conditions are identified. The treating physician has not provided an adequate clinical evaluation, as outlined in the MTUS ACOEM Guidelines Pages 291-296. Per the Official Disability Guidelines citation above, imaging for low back pain is not beneficial in the absence of specific signs of serious pathology. The treating physician has not provided specific indications for performing an MRI. MRI of the lumbar spine is not indicated in light of the paucity of clinical findings suggesting any serious pathology; increased or ongoing pain, with or without radiation, is not in itself an indication for MRI. An MRI of the lumbar spine is not medically necessary based on lack of sufficient indications per the MTUS and the Official Disability Guidelines.

Extracorporeal shockwave therapy: 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) Shoulder: ESWT.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 203. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) shoulder chapter, ESWT.

Decision rationale: The reports refer to this treatment as intended for the shoulder. The MTUS, cited above, states that ECSWT is an option for calcifying tendinitis. This condition is not present in this injured worker. The Official Disability Guidelines recommend ESWT for the shoulder if there is calcifying tendinitis after 6 months of standard treatment and also list several treatment criteria and contraindications. The treating physician has not provided any information in compliance with this guideline and the injured worker does not meet these Official Disability Guidelines recommendations. The ECSWT is not medically necessary as a result.

Urine toxicology: 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) Urine Toxicology.

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. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Urine Drug Testing (UDT) in patient-centered clinical situations, criteria for use; Updated ACOEM Guidelines, 8/14/08, Chronic Pain, Page 138, urine drug screens.

Decision rationale: The treating physician has not provided any specific information regarding the medical necessity for a urine drug screen. No medications were listed, and the need for management via a urine drug screen is not explained. Medical necessity for a urine drug screen is predicated on a chronic opioid therapy program conducted in accordance with the recommendations of the MTUS, or for a few other, very specific clinical reasons. There is no evidence in this case that opioids are prescribed. The treating physician has not listed any other reasons to do the urine drug screen. The collection procedure was not specified. The MTUS recommends random drug testing, not at office visits or regular intervals. The details of testing have not been provided. The guidelines cited above make a number of detailed recommendations for testing, including the frequency and content of testing, and directions for interpreting drug test results. Potential problems with drug tests include: variable quality control, forensically invalid methods of collection and testing, lack of random testing, unnecessary testing, and improper utilization of test results. The treating physician is requested to address these issues to ensure that testing is done appropriately and according to guidelines. Strict collection procedures must be followed, testing should be appropriate and relevant to this patient, and results must be interpreted and applied correctly. Given that, the treating physician has not provided details of the proposed testing, the lack of an opioid therapy program, the lack of any apparent indication for drug testing, and that there are outstanding questions regarding the testing process, the urine drug screen is not medically necessary.

Patient education web classes: 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) Low Back: Education.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Education Page(s): 44.

Decision rationale: The MTUS recommends education of patients with chronic pain. Web-based classes are not necessarily inconsistent with this recommendation. However, the treating physician provided no details about this education, such as subject matter, duration, frequency, and necessity for these classes rather than the usual education provided by the physician during office visits. A generic request for unspecified education is too general, could mean almost anything, and is not specific to any medical condition or treatment. As it was requested, the web classes are not medically necessary. As it has turned out, the treating physician has billed for many of these classes as listed above. The topics include some which are not relevant to this injured worker (for example, surgery topics), and the listed classes do not appear to be anything which a physician should not already be doing during routine office visits.