

<b>Case Number:</b>	CM13-0003487		
<b>Date Assigned:</b>	03/03/2014	<b>Date of Injury:</b>	02/19/2004
<b>Decision Date:</b>	08/11/2014	<b>UR Denial Date:</b>	07/09/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/25/2013

### 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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 [REDACTED] employee who has filed a claim for chronic neck and low back pain reportedly associated with an industrial injury of February 19, 2004. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representations; transfer of care to and from various providers in various specialties; unspecified amounts of chiropractic manipulative therapy; unspecified amounts of acupuncture; a lumbar support; and work restrictions. In a Utilization Review Report dated July 9, 2013, the claims administrator denied a request for reflexology, a form of massage therapy, for the cervical and lumbar spine. A CBC, CMP, ESR, vitamin D level, and thyroid function testing were likewise denied. The applicant's attorney subsequently appealed. In a progress note dated December 12, 2013, the applicant was described as having completed 12 recent sessions of acupuncture. The applicant reported persistent neck pain, shoulder pain, elbow numbness, low back pain, hip pain, and foot pain. Twelve sessions of chiropractic manipulative therapy were endorsed. A new lumbar support was also sought. Permanent work restrictions were renewed. It was not clearly stated whether or not the applicant was working with said limitations in place. On September 12, 2013, additional acupuncture was sought, along with unspecified laboratory testing. The applicant did report persistent neck, shoulder, low back, hand, and wrist pain complaints. On August 14, 2013, the applicant was asked to continue permanent disability status, while another section of the report stated that the applicant was currently working regular duties. The applicant was using Celebrex, Tramadol, and Zegerid, it was stated. Replacement of elbow pads was sought. On May 21, 2013, it was suggested that the applicant was working with [REDACTED] as a senior typist. The applicant was using Celebrex and Tramadol, it was stated. On June 28, 2013, the attending provider sought authorization for CBC, CMP, ESR, vitamin D level,

free T4, and TSH. The attending provider stated that he was endorsing requests conveyed by a physician whom he had consulted.

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

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

#### **REFLEXOLOGY FOR THE CERVICAL SPINE: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Treatment.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines page 60, Massage Therapy topic.2. MTUS page 98-99, Physical Medicine topic. Page(s): 98-99, 60.

**Decision rationale:** As noted on page 60 of the MTUS Chronic Pain Guidelines, massage therapy should be limited to four to six visits in most cases. In this case, it has not been clearly stated how much prior massage therapy and/or reflexology the applicant has had over the course of the claim. No clear rationale for the modality in question was provided. It is further noted that pages 98 and 99 of the MTUS Chronic Pain Guidelines endorse active therapy, active modalities, and self-directed home physical medicine in the chronic phase of an injury as opposed to passive modalities such as reflexology (aka massage) reportedly being sought here. Therefore, the request is not medically necessary.

#### **CBC WITH DIFFERENTIAL: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines page 70, NSAIDs, Specific Drug List and Adverse Effects topic. Page(s): 70.

**Decision rationale:** As noted on page 70 of the MTUS Chronic Pain Guidelines, routine suggested laboratory monitoring in applicants using NSAIDs includes periodic CBC testing and chemistry profile to include renal and hepatic function testing. In this case, the applicant is in fact using an NSAID, Celebrex, chronically, and is an elderly worker (68 years old). CBC testing to ensure that the applicant's present levels of hematologic function are compatible with prescribed medications is indicated. Therefore, the request is medically necessary.

#### **ERTHROCYTE SEDIMENTATION RATE: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23, 64.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 208.

**Decision rationale:** While the ACOEM Guidelines does acknowledge that an ESR and testing for autoimmune diseases can be useful to screen for inflammatory autoimmune sources of joint pain, in this case, however, there was no clearly voiced suspicion of any rheumatologic disease process or autoimmune process present which might account for the applicant's multifocal pain complaints. Therefore, the request for an erythrocyte sedimentation rate test is not medically necessary.

**25-OH VITAMIN D:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23, 64.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 269.

**Decision rationale:** While the ACOEM Guidelines does acknowledge that a number of applicants with hand and wrist complaints, as are present here, will have associated disease processes including vitamin deficiency. In this case, however, there is no clearly voiced suspicion of a vitamin D deficiency within the medical records provided for review. It was not clearly stated why the vitamin D value in question was being sought. Therefore, the request is not medically necessary.

**FREE T4 AND TSH:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23, 64.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 269.

**Decision rationale:** While the MTUS Guideline in ACOEM Chapter 11, page 269 does acknowledge that a number of the applicants with hand and wrist complaints will have associated diseases such as hypothyroidism, in this case, however, it is not clearly stated how, why, or if hypothyroidism was suspected. No rationale for selection of the thyroid function testing in question was provided. Therefore, the request is not medically necessary.