

Case Number:	CM14-0165425		
Date Assigned:	10/09/2014	Date of Injury:	08/14/2014
Decision Date:	03/23/2015	UR Denial Date:	09/16/2014
Priority:	Standard	Application Received:	10/06/2014

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: 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:

According to the provided documents, this is a 46-year-old male with a date of injury on 8/14/14. The disputed treatments are topical compounds capsaicin, flurbiprofen, gabapentin, menthol, camphor and gabapentin, amitriptyline, dextromethorphan; TENS/EMS unit; lumbar brace; toxicology testing; DNA testing; physical therapy 2 times a week for 6 weeks; acupuncture 1 x 6; FCE (functional capacity evaluation); MRI cervical spine; trigger point impedance imaging and localized intense Neurostimulation therapy 1 x 6 per body part. These are addressed in a utilization review determination letter from 9/16/14. Submitted is a standardized form Doctors 1st Report of Injury completed with handwriting. It indicates that this is a cumulative trauma injury secondary to duties as a dishwasher and cook assistant. The report is very difficult to read. It appears that there are subjective complaints relating to the neck, the low back, the bilateral shoulders, and the wrists with pain and decreased activities of daily living but the details are not legible. In the wrist there appears to be some swelling, full range of motion, remainder not legible. Bilateral shoulders full range of motion 5/5 strength, remainder not legible. Cervical spine full range of motion, possibly decreased sensation bilateral upper extremities compression tests illegible, then C5-C7. Lumbar says something about toe/heel walk, (?) full range of motion pain remainder not legible. Bilateral knees tenderness medial lateral joint, full range of motion 5/5, next is illegible. Diagnoses are 'C/S SP/ST; L/S SP/ST; B/L shoulder SP/ST; B/L knee S/P/ST; B/L wrist SP/ST, (may say CTS)'. Those diagnoses are likely cervical, lumbar, shoulder, knee and wrist sprains/strains. There is no legible documentation of any discrete numbness, tingling or weakness in the upper or lower extremities, no documentation of any concerns for any

red flags such as infection, tumor or progressive neurologic deficit. There is no mention of any previous conservative treatment. There is no indication there is a diagnosis of myofascial pain syndrome.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trigger point impedance Imaging and Localized Intense Neurostimulation Therapy 1x wk x 6 weeks per body part: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints, Chapter 12 Low Back Complaints, Chapter 13 Knee Complaints Page(s): 174, 177-179 203, 207-209;268-270 300, 303-305 337, 341-343.

Decision rationale: With regard to the request for trigger point impedance imaging, the objective findings do not document that trigger points were palpable. Therefore, absent clinical evidence of trigger points additional diagnostic studies for them are not indicated. ACOEM guidelines regarding imaging studies for acute injuries to the neck, shoulders, upper back, lower back, wrist and knees do not address impedance imaging. Neither does the ODG. Search of the medical literature on Google scholar and PubMed did not yield any references to this type of imaging study. The provided documents requesting this type of study do not explain what it is. Therefore, based upon the evidence and the guidelines, this is not considered to be medically necessary. With regard to the localized intense Neurostimulation therapy, again the specific type of Neurostimulation is not addressed in ACOEM guidelines or ODG. Search of the medical literature on Google scholar and PubMed did not yield any references to this type of Neurostimulation. ACOEM guidelines, for each of these body parts, states that transcutaneous electrical nerve stimulation is not recommended except for consideration as an option as an adjunct to a program of functional restoration which is also not documented in the provided documents. Therefore, this is not considered to be medically necessary based upon the evidence and the guidelines.

MRI Cervical Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-180.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

Decision rationale: ACOEM guidelines regarding MRI imaging of the neck do not support imaging studies without emergence of a red flag such as a progressive neurologic deficit, concern for tumor or infection, when there is physiologic evidence of tissue insult or neurologic

dysfunction, failure to progress with conservative treatment or to clarify the anatomy prior to an invasive procedure. In this case, there has been no conservative treatment provided, there is no mention of any concern for a red flag, there are no neurologic deficits documented that could be relating to the cervical spine. Therefore, based upon the evidence and the guidelines, this request is not considered to be medically necessary.

Functional Capacity Evaluation: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional improvement measures Page(s): 48.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 13.

Decision rationale: The report states that this is being requested in order to determine whether or not the patient can return to his usual and customary job duties. ACOEM guidelines state that there is little scientific evidence to confirm that functional capacity evaluations predict an individual's capacity to perform in the workplace and that it reflects what an individual can do on a single day at a particular time under controlled circumstances. Therefore, based upon the evidence and the guidelines, this is not considered to be medically necessary.

Acupuncture 1 x 6 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines definitions page 1 Definitional.

Decision rationale: The report does not indicate what the specific body parts are that are to be addressed with acupuncture. There is no mention of what the specific functional goals of the acupuncture are. The patient is also being recommended for multiple other physical medicine modalities. MTUS guidelines do not support additional treatment with physical medicine modalities unless there is objective functional benefit from the treatment. If the patient is receiving multiple modalities it will not be possible to determine which, if any modality is providing functional benefit. MTUS acupuncture guidelines specifically state that acupuncture treatment may be extended if functional improvement is documented as defined in section 9792.2. Therefore, based upon the evidence and the guidelines, this is not considered to be medically necessary.

Physical Therapy 2 x 6 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints, Chapter 12 Low Back Complaints, Chapter 13 Knee Complaints Page(s): 173-175; 203;265;298-301 337-339. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) neck and upper back; Low back complaints; Knee complaints; Forearm, wrist & hand; Shoulder: Physical Therapy

Decision rationale: ACOEM guidelines for acute strains and sprains of the neck, upper and lower back, shoulders, wrists and knees recommend up to 2 visits for education, counseling and evaluation of home exercises for range of motion and strengthening. ODG for acute strains and sprains recommends initial trial of about 6 sessions. This request does not mention the specific body parts to be addressed, presumably all of them, but there is no documentation of what the specific functional goals of treatment are. It is the provider's responsibility, not the physical therapist's responsibility to determine the functional goals of treatment. Therefore, based upon the evidence and the guidelines this is not considered to be medically necessary.

DNA Testing: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain, cytokine DNA testing; Genetic testing

Decision rationale: MTUS guidelines do not address DNA testing. ODG does in relationship to cytokine DNA testing for pain and genetic testing for potential opioid abuse. The requesting report is nonspecific and does not state what type of DNA testing is being ordered. However without any knowledge of what type of testing is being requested it is impossible to apply the appropriate guideline and determine that the request is indeed medically necessary. Therefore based upon the evidence and the guidelines this is not considered to be medically necessary.

Toxicology Testing: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-going Management Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids, ODG pain, (chronic) urine drug testing Page(s): 77-80, 89.

Decision rationale: ACOEM guidelines, 2nd edition, 2004 do not address urine drug testing or toxicology testing. Note is made that later editions of ACOEM do address urine drug testing but they were not incorporated into the MTUS. MTUS only addresses urine drug testing in the context of treatment for chronic pain. The MTUS recommends using a urine drug screen to assess for the use or the presence of illegal drugs, a step to take before a therapeutic trial of opioids, to aid in the ongoing management of opioids, or to detect dependence and addiction.

This patient has not been prescribed any opiates nor is there an indication that there is a plan to place patient on around the clock opiates. There is no mention of any concern for drug abuse/misuse, addiction or dependence. Therefore based upon the evidence and the guidelines, this request was not considered to be medically necessary.

Lumbar Brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301, 308-310.

Decision rationale: ACOEM guidelines do not support a lumbar brace for treatment purposes. There is no documentation that this patient has any lumbar instability that requires treatment outside of guidelines. Not recommended based upon the evidence and the guidelines.

TENS / EMS unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrical nerve stimulation (TENS) Page(s): 114.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints, Chapter 12 Low Back Complaints, Chapter 13 Knee Complaints Page(s): 173-175; 203;265;298-301 337-339.

Decision rationale: ACOEM guidelines for each of these body parts indicate that transcutaneous electrical neurostimulation is an option for treatment in conjunction with a functional restoration program. There is no documentation of a functional restoration program such as a return to modified duty or any instruction in an independent home exercise program. Therefore, based upon the evidence the guidelines, this is not considered to be medically necessary.

Compound Medication - Gabapentin 15% / Amitriptyline 10% / Dextromethorphan 10%: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, compounded Page(s): 111.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-49.

Decision rationale: This injury is acute, there has not been any treatment therefore the ACOEM treatment algorithms have not been applied. Those guidelines do not recommend topical medications for treatment of acute injuries. The report makes no mention as to why this patient

would require this particular combination of topical medication. Therefore, based upon the evidence and the guidelines this is not considered be medically necessary.

Compound Medication - Capsaicin 0.025% / Flurbiprofen 15% / Gabapentin 10% / Menthol 2% / Camphor 2%: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, compounded Page(s): 112-113.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-49.

Decision rationale: This injury is acute, there has not been any treatment therefore the ACOEM treatment algorithms have not been applied. Those guidelines do not recommend topical medications for treatment of acute injuries. The report makes no mention as to why this patient would require this particular combination of topical medication. Therefore, based upon the evidence and the guidelines this is not considered be medically necessary.