

<b>Case Number:</b>	CM14-0211954		
<b>Date Assigned:</b>	01/13/2015	<b>Date of Injury:</b>	10/18/2011
<b>Decision Date:</b>	03/03/2015	<b>UR Denial Date:</b>	12/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/17/2014

### 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: Texas, Ohio, California

Certification(s)/Specialty: Preventive Medicine, 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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic knee, shoulder, and leg pain reportedly associated with an industrial injury of October 18, 2011. In a Utilization Review Report dated December 10, 2014, the claims administrator denied a request for infrared therapy, invoking non-MTUS Guidelines; failed to approve request for acupuncture; and failed to approve request for cytokine DNA testing. The claims administrator stated that the applicant had had at least eight sessions of acupuncture through this point in time. An October 17, 2014 progress note was referenced in the determination. The applicant's attorney subsequently appealed. On April 16, 2014, the applicant was placed off of work, on total temporary disability, for a month, while eight sessions of physical therapy, an orthopedic consultation, and acupuncture were endorsed. Persistent complaints of shoulder and knee pain were reported on that date. The note was sparse, handwritten, difficult to follow, and not completely legible. On August 15, 2014, the applicant was, once again, placed off of work, on total temporary disability, physical therapy, acupuncture, topical compounds, psychiatry consultation, urine drug testing, and unspecified medications were endorsed. The note was extremely difficult to follow. On October 17, 2014, the applicant was, once again, placed off of work, on total temporary disability, owing to multifocal complaints of bilateral shoulder and right knee pain. Eight sessions of physical therapy, unspecified amounts of acupuncture, DNA testing/genetic testing/CYP testing, urinalysis, and orthopedic surgery consultation were endorsed while the applicant was kept off of work.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Infrared to the shoulder (R) 2x4: 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), Treatment Index, 11th Edition (web), 2014, Low Back, Infrared therapy (IR)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Low-level Laser Therapy topic; Physical Medicine topic Page(s): 57; 98.

**Decision rationale:** As noted on page 57 of the MTUS Chronic Pain Medical Treatment Guidelines, low-level laser therapy, of which the infrared therapy at issue is a subset, is deemed not recommended. Page 98 of the MTUS Chronic Pain Medical Treatment Guidelines, furthermore, frowns on passive modalities such as the infrared therapy at issue as a whole, noting that such modalities should be employed sparingly during the chronic pain phase of the claim. Here, the attending provider seemingly sought authorization for several different passive modalities concurrently, including infrared therapy and electrical stimulation therapy. The request, thus, is at odds with MTUS principles and parameters. Therefore, the request for Infrared to the shoulder is not medically necessary.

### **Electro Acupuncture for the right shoulder 2x4: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**Decision rationale:** While the Acupuncture Medical Treatment Guidelines in MTUS 9792.24.1.d, acupuncture treatments may be extended if there is evidence of functional improvement as defined in section 9792.20f. In this case, however, the applicant was/is off of work, on total temporary disability. The applicant remains dependent on various topical compounded medications. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite completion of at least eight prior sessions of acupuncture over the course of the claim. Therefore, the request for eight additional sessions of Electro Acupuncture for the right shoulder 2x4 is not medically necessary.

### **Chromatography: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Chronic Pain Chapter, Urine Drug Testing topic.

**Decision rationale:** While page 43 of the MTUS Chronic Pain Medical Treatment Guidelines does support intermittent drug testing in the chronic pain population, the MTUS does not establish specific parameters for or identify a frequency with which to perform drug testing. ODG Chronic Pain Chapter Urine Drug Testing topic, however, stipulates that an attending provider attach an applicant's complete medication list to the request for authorization for testing, eschew confirmatory and/or quantitative testing outside of the emergency department drug overdose context, clearly state which drug tests and/or drug panels he intends to test for, and attempt to categorize applicants into higher- or lower-risk categories for which more or less frequent drug testing would be indicated. Here, the attending provider made no attempt to categorize the applicant into higher or lower risk categories for which more or less frequent drug testing would be indicated. The attending provider did not clearly state which drug tests and/or drug panels he intended to test for. The attending provider did not state when the applicant was last drug tested. The attending provider did not signal his intention to conform to the best practices of the [REDACTED] and/or signal intention to eschew confirmatory or quantitative testing here. Since several ODG criteria for pursuit of drug testing were not met, the request for Chromatography is not medically necessary.

**Genetic Testing:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cytokine DNA testing for pain Page(s): 42. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 11th Edition (web), 2014, Pain, Cytokine DNA testing

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cytokine DNA Testing topic. Page(s): 43. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Third Edition, Opioids Chapter, Genetic Factors section.

**Decision rationale:** As noted on page 43 of MTUS Chronic Pain Medical Treatment Guidelines, DNA testing, essentially analogous to the CYP testing/genetic testing at issue, is not recommended in the diagnosis of the pain, including in the chronic pain context present here. The Third Edition ACOEM Guidelines likewise notes that genetic testing, including the cytochrome testing at issue, is not in widespread use. The attending provider did not furnish any compelling applicant-specific rationale or medical evidence, Therefore, the request for Genetic Testing is not medically necessary.