

Case Number:	CM15-0011632		
Date Assigned:	01/29/2015	Date of Injury:	08/01/2013
Decision Date:	03/26/2015	UR Denial Date:	12/27/2014
Priority:	Standard	Application Received:	01/21/2015

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 60 year old male who sustained an industrial injury reported on 8/1/2013. He has reported frequent to constant burning radicular neck and lumbar pain, with stiffness; frequent to constant bilateral knee pain, left > right; frequent to constant bilateral ankle pain, left > right; stress; insomnia; and depression. The diagnoses have included: cervicalgia; headaches; cervical radiculopathy; lumbar radiculopathy; bilateral knee meniscus tears; bilateral ankle sprains; mood disorders; anxiety; stress; and sleep disorder. Treatments to date have included consultations; diagnostic laboratory and imaging studies; surgical intervention; other pending treatments; and medication management. The work status classification for this injured worker (IW) was noted to be temporarily totally disabled and not working. On 12/26/2014 Utilization Review (UR) non-certified, for medical necessity, the request, made on 11/20/2014, for 6 (LINT) localized high-intensity neuro-stimulation therapy sessions for the thoracic and lumbar spine; and 1 sleep study. The Official Disability Guidelines, localized high-intensity neuro-stimulation therapy (LINT); and the National Guideline Clearinghouse, were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 LINT (localized intense neurostimulation therapy) sessions for the thoracic and lumbar spine: 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 (Acute & Chronic)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Low back chapter, hyperstimulation analgesia

Decision rationale: The 60 year old patient presents with burning, radicular neck, mid back, and low back pain along with bilateral knee and ankle pain, and headaches, as per progress report dated 12/18/14. The request is for 6 LINT (LOCALIZED INTENSE NEUROSTIMULATION THERAPY) SESSIONS FOR THORACIC/LUMBAR SPINE. The RFA for the case is dated 10/21/14, and the patient's date of injury is 08/01/13. The pain is rated 6-9/10, and the patient is also experiencing anxiety, stress, insomnia and depression secondary to the chronic pain, as per progress report dated 12/18/14. Diagnoses included cervicalgia, cervical radiculopathy, thoracic and low back pain, lumbar disc displacement, lumbar radiculopathy, bilateral knee medial meniscal tear, and sprain of the bilateral unspecified ligament of the ankles. The patient is status post cervical fusion with stiffness and residual pain, as per progress report dated 05/16/14. The patient is off work, as per progress report dated 12/18/14. The MTUS and ACOEM Guidelines do not address this request. However, ODG under the low back chapter on hyperstimulation analgesia states, "Not recommended until there are higher quality studies. Initial results are promising, but only from two low quality studies." In this case, the request for LINT is noted in progress report dated 10/21/14. In the report the treater requests for 6 sessions "for thoracic spine and lumbar spine, for each separately and subsequently." In progress report dated 11/20/14, the treater recommends that the patient should "continue" LINT, thereby indicating that the patient has already completed this treatment. Nonetheless, LINT is not supported by ODG guidelines, and IS NOT medically necessary.

1 sleep study: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Epstein LJ, Kristo D, Strollo PJ Jr, Friedman N, Malhotra A, Patil SP, Ramar K, Rogers R, Schwab RJ, Weaver EM, Weinstein MD, Adult Obstructive Sleep Apnea Task Force of the American Academy of Sleep Medicine. Clinical guidelines for the evaluation, management and long-term care of obstructive sleep apnea in adults. J Clin Sleep Med. 2009 Jun 15; 5(3):263-76

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Pain chapter, Polysomnography

Decision rationale: The 60 year old patient presents with burning, radicular neck, mid back, and low back pain along with bilateral knee and ankle pain, and headaches, as per progress report dated 12/18/14. The request is for 1 SLEEP STUDY. The RFA for the case is dated 10/21/14, and the patient's date of injury is 08/01/13. The pain is rated 6-9/10, and the patient is also

experiencing anxiety, stress, insomnia and depression secondary to the chronic pain, as per progress report dated 12/18/14. Diagnoses included cervicalgia, cervical radiculopathy, thoracic and low back pain, lumbar disc displacement, lumbar radiculopathy, bilateral knee medial meniscal tear, and sprain of the bilateral unspecified ligament of the ankles. The patient is status post cervical fusion with stiffness and residual pain, as per progress report dated 05/16/14. The patient is off work, as per progress report dated 12/18/14. ODG-TWC guidelines, chapter 'Pain (chronic)' and topic 'Polysomnography', list the following criteria for Polysomnography: "Polysomnograms / sleep studies are recommended for the combination of indications listed below: (1) Excessive daytime somnolence; (2) Cataplexy (muscular weakness usually brought on by excitement or emotion, virtually unique to narcolepsy); (3) Morning headache (other causes have been ruled out); (4) Intellectual deterioration (sudden, without suspicion of organic dementia); (5) Personality change (not secondary to medication, cerebral mass or known psychiatric problems); & (6) Insomnia complaint for at least six months (at least four nights of the week), unresponsive to behavior intervention and sedative/sleep-promoting medications and psychiatric etiology has been excluded. A sleep study for the sole complaint of snoring, without one of the above mentioned symptoms, is not recommended." In this case, the patient is suffering from insomnia secondary to pain and is taking Dicopanil for better sleep, as per progress report dated 10/21/14. The treater, however, does not document the duration of this complaint. Additionally, there is no discussion about excessive daytime sleep, muscle weakness, and personality or intellectual changes which may warrant a sleep study as per ODG guidelines. The reports lack relevant information required to make a determination on this request. The request IS NOT medically necessary.

Unknown PRP (platelet rich plasma) injections for bilateral knees: 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), Knee & Leg (acute & Chronic), platelet rich plasma (PRP)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Knee and leg chapter, PRP injections

Decision rationale: The 60 year old patient presents with burning, radicular neck, mid back, and low back pain along with bilateral knee and ankle pain, and headaches, as per progress report dated 12/18/14. The request is for UNKNOWN PRP (PLATELET RICH PLASMA) INJECTIONS FOR BILATERAL KNEES. The RFA for the case is dated 10/21/14, and the patient's date of injury is 08/01/13. The pain is rated 6-9/10, and the patient is also experiencing anxiety, stress, insomnia and depression secondary to the chronic pain, as per progress report dated 12/18/14. Diagnoses included cervicalgia, cervical radiculopathy, thoracic and low back pain, lumbar disc displacement, lumbar radiculopathy, bilateral knee medial meniscal tear, and sprain of the bilateral unspecified ligament of the ankles. The patient is status post cervical fusion with stiffness and residual pain, as per progress report dated 05/16/14. The patient is off work, as per progress report dated 12/18/14. MTUS is silent regarding request, however ODG-TWC states under knee chapter: "Under study. This small study found a statistically significant improvement in all scores at the end of multiple platelet-rich plasma (PRP) injections in patients

with chronic refractory patellar tendinopathy and a further improvement was noted at six months, after physical therapy was added." ODG appears to support PRP injections for early OA of the knee stating: "A study of PRP injections in patients with early arthritis compared the effectiveness of PRP with that of low-molecular-weight hyaluronic acid and high-molecular-weight hyaluronic acid injections, and concluded that PRP is promising for less severe, very early arthritis, in younger people under 50 years of age, but it is not promising for very severe osteoarthritis in older patients." "Platelet-rich plasma injections can benefit patients with cartilage degeneration and early osteoarthritis (OA) of the knee, according this RCT. In patients with minimal OA, platelet-rich plasma (PRP) works better than hyaluronic acid." In this case, the treater states that the patient "is to continue with the course of PRP treatment for the right and left knee for functional improvement, as per progress report dated 09/18/14." The recommendation is repeated in all subsequent progress reports dated 12/18/14. It is not clear how many PRP injections are being requested. Nonetheless, there is no diagnoses of cartilage degeneration or osteoarthritis for which the PRP injections are indicated. Additionally, the patient is over 50 years of age. Based on ODG guidelines, this request IS NOT medically necessary.

1 urine drug screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, steps to avoid misuse/addiction. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (acute & chronic), Criteria for Use of Urine Drug Testing

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioid management Page(s): 77. Decision based on Non-MTUS Citation Official disability guidelines Pain chapter, Urine drug testing

Decision rationale: The 60 year old patient presents with burning, radicular neck, mid back, and low back pain along with bilateral knee and ankle pain, and headaches, as per progress report dated 12/18/14. The request is for 1 URINE DRUG SCREEN. The RFA for the case is dated 10/21/14, and the patient's date of injury is 08/01/13. The pain is rated 6-9/10, and the patient is also experiencing anxiety, stress, insomnia and depression secondary to the chronic pain, as per progress report dated 12/18/14. Diagnoses included cervicgia, cervical radiculopathy, thoracic and low back pain, lumbar disc displacement, lumbar radiculopathy, bilateral knee medial meniscal tear, and sprain of the bilateral unspecified ligament of the ankles. The patient is status post cervical fusion with stiffness and residual pain, as per progress report dated 05/16/14. The patient is off work, as per progress report dated 12/18/14. MTUS p77, under opioid management: (j) "Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs." ODG has the following criteria regarding Urine Drug Screen: "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. Patients at "moderate risk" for addiction/aberrant behavior are recommended for point-of-contact screening 2 to 3 times a year with confirmatory testing for inappropriate or unexplained results. Patients at "high risk" of adverse outcomes may require testing as often as once per month. This category generally includes individuals with active

substance abuse disorders." In this case, progress report dated 10/21/14 states that the patient is taking Synapryn (an opioid) for pain relief. The treater states in almost all available progress reports that "Period UA toxicological evaluation shall be performed." However, no UDS reports are available for review. It is not clear when the patient underwent this evaluation in the past. Additionally, the treater does not provide the risk assessment for this patient. MTUS only recommends annual screening in "low-risk" patients. The reports lack the relevant information required for documentation. Hence, the request IS NOT medically necessary.