MAXIMUS Federal Services

Case Number:	CM15-0012948		
Date Assigned:	01/30/2015	Date of Injury:	05/06/2013
Decision Date:	03/19/2015	UR Denial Date:	12/23/2014
Priority:	Standard	Application Received:	01/22/2015

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: 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 injured worker is a 47 year old female, who sustained an industrial injury on May 6, 2013. She has reported a repetitive motion injury which caused tingling and numbness in her hands. The diagnoses have included right upper extremity overuse syndrome, mild right carpal tunnel syndrome. Treatment to date has included physical therapy, acupuncture and pain medications. Currently, the injured worker complains of hand numbness, tingling, weakness, grip loss and cramping. On examination, the injured worker has no tenderness or spasms of the cervical spine, tenderness of the right elbow with a normal range of motion and tenderness of the right wrist with normal range of motion. There was slight weakness of a right hand grip with deep tendon reflexes of 1-2+ bilaterally. She has slightly decreased sensation to pinprick of the right hand. On December 23, 2014, Utilization Review non-certified a request for DNA testing, urinalysis drug scree with in-house laboratory evaluations, aquatic therapy two times four to five for the right upper extremity, noting that the Official Disability Guidelines state that there is no evidence to support a use of a DNA test in the diagnosis or treatment of chronic pain, that the medical records are unclear in terms of what risk level the injured worker has been assessed which would determine the frequency of urinalyses drug screen, no documentation if a previous urine drug test has been documented for the injured worker and no documentation that the AP has incorporated these prior test results in the medication prescription, and no documentation indicating that the injured worker cannot participate in a prescribed and self-administered program. The California Medical Treatment Utilization Schedule and the Official Disability Guidelines were cited. On January 22, 2015, the injured worker submitted an application for IMR for review of DNA

testing, urinalysis drug scree with in-house laboratory evaluations, aquatic therapy two times four to five for the right upper extremity.

IMR ISSUES, DECISIONS AND RATIONALES

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

DNA testing: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Pain, Cytokine DNA testing

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cytokine DNA Testing for Pain Page(s): Chronic Pain Medical Treatment Guidelines 8 C.C.R.

Decision rationale: The applicant is a represented [redacted] employee who has filed a claim for chronic shoulder and arm pain reportedly associated with an industrial injury of May 6, 2011.In a Utilization Review Report dated December 23, 2014, the claims administrator failed to approve a request for DNA testing, urinalysis, and aquatic therapy. Despite the fact that the MTUS addressed the topic of DNA testing, the claims administrator nevertheless invoked non-MTUS ODG Guidelines to deny the same. A progress note of November 18, 2014 was referenced at the top of the report, although this was not summarized. The applicant's attorney subsequently appealed. In a November 7, 2014 progress note, the attending provider acknowledged that the applicant was not longer working. The applicant had apparently developed multifocal pain complaints, predominantly about the hands, secondary to cumulative trauma at work. Ongoing complaints of hand pain and paresthesias were evident. The applicant was given a diagnosis of mild right-sided carpal tunnel syndrome based on an electrodiagnostic testing performed on the same date. The applicant was asked to consult an orthopedic hand surgeon. The remainder of the files was surveyed. The November 7, 2014 progress note was the most recent note on file, based on the Claims Administrator's Medical Evidence Log. The November 18, 2014 progress note made available to the claims administrator was seemingly not incorporated into the independent medical review packet. REFERRAL QUESTIONS:1. No, the request for DNA testing was not medically necessary, medically appropriate, or indicated here.As noted on page 42 of the MTUS Chronic Pain Medical Treatment Guidelines, DNA testing is “not recommended” in the diagnosis of pain, including in the chronic pain context present here. Here, the attending provider did not furnish any compelling applicant-specific rationale or medical evidence which would offset the unfavorable MTUS position on the article at issue, although it is acknowledged that the November 18, 2014 progress note seemingly made available to the claims administrator was not incorporated into the independent medical review packet. The information which was/is on file, however, failed to support or substantiate the request. Therefore, the request is not medically necessary. REFERENCES:MTUS Chronic Pain Medical Treatment Guidelines, page 42, Cytokine DNA Testing for Pain topic.

Urinalysis drug screen with In-house lab: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26.

Decision rationale: 2. Similarly, the request for urinalysis/urine drug screen at an in-house lab was likewise not medically necessary, medically appropriate, or indicated here. 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'S Chronic Pain Chapter Urine Drug Testing topic, however, stipulates that an attending provider should attach an applicant's complete medication list to the request for authorization for testing, also notes that an attending provider should eschew confirmatory and/or quantitative testing outside of the emergency department drug overdose context, notes that an attending provider should clearly identify when an applicant was last tested, and notes that an attending provider should attempt to categorize applicants into higher- or low-risk categories for which more or less frequent drug testing would be indicated. Here, the most recent progress note of November 7, 2014 did not state when the applicant last obtained drug testing. It was not clearly stated which drug tests and/or drug panels the attending provider was testing for. It was not clearly stated whether the applicant was a higher or lower risk individual who required more or less frequent drug testing. While it is acknowledged that the November 18, 2014 progress note made available to the claims administrator was not incorporated into his independent review packet, the information which was/is on file, however, failed to support or substantiate the request. Therefore, the request was not medically necessary. REFERENCES: 1. MTUS Chronic Pain Medical Treatment Guidelines, page 43, Drug Testing topic. 2. ODG Chronic Pain Chapter, Urine Drug Testing topic.

Aquatic therapy 2 x 4-5 right upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy and Physical Medicine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy Page(s): Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20 - 9792.

Decision rationale: 3. Finally, the request for aquatic therapy for the right upper extremity was likewise not medically necessary, medically appropriate, or indicated here. While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that aquatic therapy is recommended as an optional form of exercise therapy in applicants in whom reduced weightbearing is desirable, in this case, however, the treating provider did not clearly establish how, why, and/if reduced weightbearing was, in fact, desirable here. The applicant's view was not described, detailed on progress note of November 7, 2014. The applicant's complaints, however, were seemingly confined to the right upper extremity on that page. There was no mention that the applicant was having any lower extremity and/or spine issues or concerns which would make it difficult for the applicant to perform weightbearing tasks. Therefore, the request

was not medically necessary. REFERENCES:MTUS Chronic Pain Medical Treatment Guidelines, page 22, Aquatic Therapy topic.