

Case Number:	CM15-0121922		
Date Assigned:	07/06/2015	Date of Injury:	10/09/1993
Decision Date:	08/25/2015	UR Denial Date:	05/27/2015
Priority:	Standard	Application Received:	06/24/2015

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 66 year old female, who sustained an industrial injury on October 9, 1993. The injured worker reported back pain due to a physical altercation. The injured worker was diagnosed as having lumbar degenerative disc disease (DDD) and chronic pain syndrome. Treatment to date has included physical therapy, massage therapy, magnetic resonance imaging (MRI), medication and epidural steroid injection. A progress note dated May 14, 2015 provides the injured worker complains of back pain. Physical exam notes tenderness on palpation of the iliolumbar area. The plan includes lab work massage therapy and chiropractic treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 urine drug test: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use; Opioids, steps to avoid misuse/addiction. Decision based on Non- MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic), Urine Drug Testing (UDT).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Testing Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter under Urine Drug Testing.

Decision rationale: The patient presents with upper back and lower back pain. The request is for 1 URINE DRUG TEST. Physical examination to the lumbar spine on 05/14/15 revealed tenderness to palpation over the iliolumbar area. Patient's treatments have included medications, image studies, UDS, massage therapy and physical therapy. Per 05/14/15 progress report, patient's diagnosis includes lumbar degenerative disc disease and chronic pain syndrome. Patient's medications, per 05/14/15 progress report include Synthroid, Hydrocodone/ADAP, Some and HRT. Patient's work status was not specified. MTUS Chronic Pain Medical Treatment Guidelines, for Testing, pg 43 states: Recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs. ODG-TWC Guidelines, online, Pain chapter for Urine Drug Testing states: 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. In progress report dated 05/15/15, treater states that random UDT's are done three times a year and that inconsistent UDT's are retested. In this case, only one progress report was available in which the patient was prescribed Hydrocodone/ADAP. It is not clear how long the patient has been utilizing this medication. However, UDS results dated 05/18/15 were negative for opiates. ODG recommends UDS tests when there are unexpected results. The request appears to be reasonable and therefore, it IS medically necessary.

1 PGT test: 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), Pain (Chronic), Pharmacogenetic testing/pharmacogenomics (opioids & chronic non-malignant pain).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter under Pharmacogenetic testing/ pharmacogenomics (opioids & chronic non-malignant pain).

Decision rationale: The patient presents with upper back and lower back pain. The request is for 1 PGT TEST. Physical examination to the lumbar spine on 05/14/15 revealed tenderness to palpation over the iliolumbar area. Patient's treatments have included medications, image studies, UDS, massage therapy and physical therapy. Per 05/14/15 progress report, patient's diagnosis includes lumbar degenerative disc disease and chronic pain syndrome. Patient's medications, per 05/14/15 progress report include Synthroid, Hydrocodone/ADAP, Some and HRT. Patient's work status was not specified. ODG Pain Chapter, regarding Pharmacogenetic Testing has the following: "Not recommended. Testing is not recommended except in a research setting. In many complex trials evaluating the effect of opioids on pain, population-based genetic association studies have had mixed success and reproducibility has been poor. Evidence is not yet sufficiently robust to determine association of pain-related genotypes and variability in opioid analgesia in human studies. There are no published guidelines for generalized testing of

the cytochrome system outside of certain populations." In progress report dated 05/14/15, under Treatment Plan, treater states, "...PGA Testing to detect genetic variations in enzymes associated with the metabolism of medications prescribed in pain management." However, ODG guidelines do not recommend genetic testing as an appropriate preventative measure at this time owing to a currently poor understanding of the underlying genotype/phenotype variations. Therefore, the request IS NOT medically necessary.

6 massage therapy sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Massage therapy; Myotherapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Massage Therapy Page(s): 60.

Decision rationale: The patient presents with upper back and lower back pain. The request is for 6 MASSAGE THERAPY SESSIONS. Physical examination to the lumbar spine on 05/14/15 revealed tenderness to palpation over the iliolumbar area. Patient's treatments have included medications, image studies, UDS, massage therapy and physical therapy. Per 05/14/15 progress report, patient's diagnosis includes lumbar degenerative disc disease and chronic pain syndrome. Patient's medications, per 05/14/15 progress report include Synthroid, Hydrocodone/ADAP, Some and HRT. Patient's work status was not specified. The MTUS Guidelines page 60 on massage therapy states that it is recommended as an option and as an adjunct with other recommended treatments such as exercise and should be limited to 4 to 6 visits. Massage is a passive intervention and treatment, dependence should be avoided. In this case, only one progress report was available which documented massage therapy as prior treatment. However, it is unclear how many sessions of massage therapy the patient has completed. Furthermore, treater has not documented the outcome of prior massage therapy in terms of pain and function. In this case, the requested 6 sessions of massage therapy, in addition to previous sessions would exceed what is allowed by MTUS. Therefore, the request IS NOT medically necessary.

12 chiropractic treatments: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 40.

Decision rationale: The patient presents with upper back and lower back pain. The request is for 12 CHIROPRACTIC TREATMENTS. Physical examination to the lumbar spine on 05/14/15 revealed tenderness to palpation over the iliolumbar area. Patient's treatments have included medications, image studies, UDS, massage therapy and physical therapy. Per 05/14/15 progress report, patient's diagnosis include lumbar degenerative disc disease and chronic pain syndrome. Patient's medications, per 05/14/15 progress report include Synthroid, Hydrocodone/ADAP, Some and HRT. Patient's work status was not specified. MTUS recommends an optional trial of 6 visits over 2 weeks with evidence of objective functional improvement total of up to 18

visits over 6 to 8 weeks. For recurrences/flare-ups, reevaluate treatment success and if return to work is achieved, then 1 to 2 visits every 4 to 6 months. MTUS page 8 also requires that the treater monitor the treatment progress to determine appropriate course of treatments. Treater has not discussed this request. UR letter dated 05/27/15 has modified the request to 3 sessions. Review of the medical records do not indicate prior chiropractic treatment. The patient suffers from pain in the upper and lower back. Given the patient's condition, a short course of chiropractic treatment would be appropriate. However, MTUS allows a trial of 6 visits over 2 weeks and the requested 12 sessions exceeds what is allowed by MTUS. Therefore, the request IS NOT medically necessary.