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| Case Number: | CM15-0128267 | | |
| Date Assigned: | 07/15/2015 | Date of Injury: | 10/29/2010 |
| Decision Date: | 08/25/2015 | UR Denial Date: | 06/16/2015 |
| Priority: | Standard | Application Received: | 07/03/2015 |

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, New York, 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 45-year-old who has filed a claim for chronic neck, low back, shoulder, and elbow pain reportedly associated with an industrial injury of October 29, 2010. In a Utilization Review report dated June 12, 2015, the claims administrator failed to approve requests for lumbar MRI imaging, extracorporeal shock wave therapy, electrodiagnostic testing of bilateral lower extremities, and urine drug testing. The claims administrator referenced non-MTUS Minnesota Guidelines in its decision to deny the lumbar MRI. An April 20, 2015 progress note was referenced in the determination. The applicant's attorney subsequently appealed. On said April 20, 2015 progress note, the applicant reported ongoing complaints of neck, low back, bilateral shoulder, and right elbow pain with derivative complaints of headaches. The applicant's symptoms were unimproved, the treating provider reported. The applicant's ability to perform activities of daily living was constrained secondary to pain, it was reported. Open MRI imaging of the cervical spine, elbow, and shoulder were sought, along with MRI imaging of lumbar spine, extracorporeal shock wave therapy, and electrodiagnostic testing of the bilateral lower extremities. The applicant's past medical history was not detailed. The applicant was placed off of work, on total temporary disability. Urine drug testing was sought. The attending provider noted that the applicant had had historical lumbar MRI imaging demonstrating multilevel disk bulges of uncertain clinical significance. It was not stated how (or if) the proposed MRI studies would influence or alter the treatment plan. The attending provider did not state for what body part he intended for the applicant to undergo extracorporeal shock wave therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the 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, Low Back Chapter, MRI (Magnetic Resonance Imaging).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304.

Decision rationale: No, the proposed MRI of the lumbar spine was not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 12, page 304, imaging studies should be reserved for cases in which surgery is being considered or red-flag diagnoses are being evaluated. Here, however, there was no mention of the applicant's willingness to consider or contemplate any kind of surgical intervention involving the lumbar spine based on the outcome of the study in question. The fact that lumbar MRI imaging, cervical MRI imaging, elbow MRI imaging, and shoulder MRI imaging were all concurrently ordered on April 20, 2015, taken together, strongly suggested that MRI studies were being ordered for routine evaluation purposes, without any clearly formed intention of acting on the results of the same. There was, thus, neither an explicit statement (nor an implicit expectation) that the applicant would act on the results of the proposed lumbar MRI and/or consider surgical intervention based on the outcome of the same. Therefore, the request was not medically necessary.

Shock wave therapy: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter, Shock Wave Therapy.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 10 Elbow Disorders (Revised 2007) Page(s): 203; 29, Chronic Pain Treatment Guidelines Ultrasound, therapeutic Page(s): 123. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Problems, Shock wave therapy.

Decision rationale: Similarly, the request for extracorporeal shock wave therapy was likewise not medically necessary, medically appropriate, or indicated here. The attending provider did not indicate on his April 20, 2015 progress note what body parts he intended to target via the extracorporeal shock wave therapy in question. Extracorporeal shock wave therapy is a subset of therapeutic ultrasound. Page 123 of the MTUS Chronic Pain Medical Treatment Guidelines notes that therapeutic ultrasound is not recommended in the chronic pain context present here. While the MTUS Guideline in ACOEM Chapter 9, page 203 does acknowledge that some medium quality evidence supports usage of extracorporeal shock wave therapy for calcifying

tendonitis of the shoulder, one of the pain generators here, here, however, there was no mention of the applicant's carrying a diagnosis of radiographically-proven calcifying tendonitis of the shoulder for which extracorporeal shock wave therapy would have been indicated. Another pain generator here would be the applicant's elbow. However, the MTUS Guideline in ACOEM Chapter 10, page 29 states that extracorporeal shock wave therapy is "strongly recommended against" for elbow epicondylitis, i.e., one of the operating diagnoses present here. ODGs Low Back Chapter Shock Wave Therapy topic also notes that shock wave therapy is not recommended in the treatment of low back pain, i.e., another of the applicant's pain generators. Here, the attending provider failed to furnish a clear or compelling rationale for pursuit of extracorporeal shock wave therapy in the face of the seemingly unfavorable MTUS, ACOEM, and ODG positions on the same for the diagnoses and body parts in question. Therefore, the request was not medically necessary.

EMG and Nerve Conduction Studies of the bilateral lower extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter, EMGs (electromyography).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 309; 272. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, Chronic Pain, 3rd. ed., pg. 848 4. Recommendation: Nerve Conduction Studies for Diagnosing Peripheral Systemic Neuropathy Nerve conduction studies are recommended when there is a peripheral systemic neuropathy that is either of uncertain cause or a necessity to document extent. Indications Occupational toxic neuropathies, particularly if there is a concern about confounding or alternate explanatory conditions such as diabetes mellitus. Strength of Evidence Recommended, Insufficient Evidence (I).

Decision rationale: The request for EMG and NCV testing of the bilateral lower extremities was likewise not medically necessary, medically appropriate, or indicated here. The MTUS Guideline in ACOEM Chapter 12, Table 12-8, page 309 notes that EMG testing is "not recommended" in applicants who carry a diagnosis of clinically-obvious radiculopathy. Here, the applicant presented on April 20, 2015 reporting ongoing complaints of low back pain radiating into left leg. Thus, it appeared that the applicant's left lower extremity lumbar radicular pain complaints were clinically evident. It was not clearly stated or clearly established how EMG testing would have influenced or altered the treatment plan. The MTUS Guideline in ACOEM Chapter 11, Table 11-7, page 272 also notes that the routine usage of EMG or NCV testing in the diagnostic evaluation of nerve entrapment or screening of applicants without symptoms is deemed "not recommended." Here, the applicant's radicular pain complaints, per the April 20, 2015 progress note, were confined to the symptomatic left lower extremity. It was not clearly stated why electrodiagnostic testing of the bilateral lower extremities to include the seemingly asymptomatic right lower extremity was proposed in the face of the unfavorable ACOEM position on the same. While the Third Edition ACOEM Guidelines Chronic Pain Chapter does support nerve conduction testing when there is suspicion of peripheral systemic neuropathy of unknown cause, here, however, lumbar radiculopathy was seemingly the sole item on the differential diagnosis list. There was no mention of the applicant's carrying a superimposed

diagnosis or disease process such as hypothyroidism, diabetes mellitus, alcoholism, etc., which would have heightened the applicant's predisposition toward a generalized peripheral neuropathy. Since multiple components of the request were not indicated, the entire request was not indicated. Therefore, the request was not medically necessary.

Urine drug testing: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Urine drug testing (UDT).

Decision rationale: Finally, the request for urine drug testing 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. ODGs 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, attempt to categorize applicants into higher- or lower-risk categories for whom more or less frequent drug testing would be indicated, identify when an applicant was last tested, and attempt to conform to the best practices of the United States Department of Transportation (DOT) when performing drug testing. Here, however, the applicant's medication list was not discussed or detailed on April 20, 2015. It was not stated what drug testing and/or drug panels were being tested for. It was not stated when the applicant was last tested. There was no attempt made to categorize the applicant into higher- or lower-risk categories for whom more or less frequent drug testing would have been indicated. The attending provider neither signaled his intention to eschew confirmatory or quantitative testing nor signaled his intention to conform to the best practices of the United States Department of Transportation (DOT) when performing drug testing on the April 20, 2015 progress note at issue. Since multiple ODG criteria for pursuit of drug testing were not met, the request was not indicated. Therefore, the request was not medically necessary.