

<b>Case Number:</b>	CM15-0145635		
<b>Date Assigned:</b>	08/11/2015	<b>Date of Injury:</b>	05/06/2015
<b>Decision Date:</b>	11/12/2015	<b>UR Denial Date:</b>	07/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/27/2015

### 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, Pain Management

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This injured worker is a 61 year old female who reported an industrial injury on 5-6-2015. Her diagnoses, and or impression, were noted to include: cervical, thoracic and lumbar sprain-strain, rule-out discogenic pain; bilateral shoulder, wrist, ankle-foot sprain-strain; and anxiety. The history notes a previous back injury 4 years prior. A toxicology questionnaire was noted on 6-17-2015; and no current imaging studies were noted. Her treatments were noted to include: diagnostic x-ray, magnetic resonance imaging studies and electrodiagnostic studies questionnaires; chiropractic questionnaire; medication management; and modified work duties, or rest from work if restrictions were unable to be accommodated. The initial comprehensive medical evaluation notes of 6-9-2015 reported: that she was not working; intermittent, 6 out of 10, neck pain that radiated into the bilateral upper extremities that increased with turning, flexing and extending the head and neck; intermittent, 8 out of 10, right shoulder pain that was aggravated by activity; intermittent, 7 out of 10, left shoulder pain that was aggravated by activity; intermittent, 8 out of 10, left wrist-hand-fingers pain, with numbness and tingling, that was aggravated by movements and activity; continuous, 9 out of 10, low back pain that radiated into the bilateral lower extremities, associated with numbness, tingling and burning, and was aggravated by movement and activity; continuous, 9 out of 10, bilateral hip pain that was aggravated by movement and activity; continuous, 8 out of 10, right knee pain that was aggravated by activity; frequent, 7 out of 10, left knee pain that was aggravated by activity; continuous, 7-8 out of 10, bilateral foot-ankle-toe pain, aggravated by activity; and of anxiety, depression, insomnia and nervousness due to pain. Objective findings were noted to include: the

presence of anxiety; a cautious, normal gait; tenderness over the bilateral cervical para-spinals and upper trapezius, with pain throughout full range-of-motion; tenderness over the bilateral thoracic para-spinals, with pain throughout full range-of-motion; tenderness over the bilateral lumbar para-spinals and quadratus lumborum, with positive bilateral straight leg raise and midline lumbosacral tenderness and decreased range-of-motion; tenderness over the bilateral upper trapezius, triceps, biceps and deltoids in the upper extremities; tenderness over the bilateral carpus and interosseous spaces of the wrist-hand that were with full range-of-motion; diffuse tenderness with painful full range-of-motion in the fingers; tenderness over the bilateral quad muscles, with painful full range-of-motion in the hip; tenderness over the left medial and lateral knee, and painful full range-of-motion on the right; tenderness over the left medial and lateral ankle with full range-of-motion; and that there were no medical records submitted for review at this evaluation. The physician's requests for treatments were noted to include: CYP450 pharmacological assay for medication therapy management; functional improvement measurements; physical therapy 3 x a week for 4 weeks; x-ray of the cervical, thoracic and lumbar spine and right shoulder, bilateral ankle-feet, right knee, and right hand. No Request for Authorization for these requests were made available in the medical records provided. The Utilization Review of 7-13-2015 non-certified the requests for: DNA testing; functional improvement measurement with functional improvement measures; physical therapy, 3 x 4, bilateral shoulders, knees, ankles, hands, wrists, and cervical, thoracic and lumbar spine; and x-rays of the right shoulder, spine, right hand, right knee, bilateral ankles-feet and cervical, thoracic and lumbar spine.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**DNA tests CYP 2C19, CYP 2C9, CYP 2D6, CYP 3A4/3A5, VKORCI, Factor II, Factor V, Mthfr:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**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, Cytokine DNA Testing, Genetic testing for Potential Opioid Abuse and Other Medical Treatment Guidelines Trescot AM1, Faynboym S. A review of the role of genetic testing in pain medicine. Pain Physician. 2014 Sep-Oct; 17 (5): 425-45.

**Decision rationale:** Regarding a request for DNA testing, California MTUS and ACOEM do not contain criteria for this request. The ODG state that cytokine DNA testing is not recommended. Additionally, they state that genetic testing for potential opioid abuse is not recommended. With regard to the latter, the evidence is poor and focuses on genetic markers that identify variations in variety of genes (such as CYP1A2, CYP2C8, CYP2C9, CYP2C19, CYP2D6, CYP2E1, CYP3A4, CYP3A7, OPRM1, OPRK1, OPRD1, COMT, GABA, UGT, MC1R, GCH1, ABCB1, P-glycoprotein, 5HTR1A, 5HTR2A, MTHFR, CACNA2D2, and 5-HTTLPR). (Trescot 2014) In general, there is a paucity of evidence at this stage in research to

recommend for genetic/DNA testing in pain management. As such, the currently requested DNA test is not medically necessary.

**Functional improvement measurement with functional improvement:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Functional improvement measures.

**Decision rationale:** Regarding the request for a function improvement measure, the CPMTG states the following regarding functional improvement measures: "Recommended. The importance of an assessment is to have a measure that can be used repeatedly over the course of treatment to demonstrate improvement of function, or maintenance of function that would otherwise deteriorate. It should include the following categories: Work Functions and/or Activities of Daily Living, Self Report of Disability (e.g., walking, driving, keyboard or lifting tolerance, Oswestry, pain scales, etc): Objective measures of the patient's functional performance in the clinic (e.g., able to lift 10 lbs floor to waist x 5 repetitions) are preferred, but this may include self-report of functional tolerance and can document the patient self-assessment of functional status through the use of questionnaires, pain scales, etc (Oswestry, DASH, VAS, etc.). Physical Impairments (e.g., joint ROM, muscle flexibility, strength, or endurance deficits): Include objective measures of clinical exam findings. ROM should be in documented in degrees. Approach to Self-Care and Education Reduced Reliance on Other Treatments, Modalities, or Medications: This includes the provider's assessment of the patient compliance with a home program and motivation. The provider should also indicate a progression of care with increased active interventions (vs. passive interventions) and reduction in frequency of treatment over course of care. (California, 2007) For chronic pain, also consider return to normal quality of life, e.g., go to work/volunteer each day; normal daily activities each day; have a social life outside of work; take an active part in family life. (Cowan, 2008)" In the case of this injured worker, there is documentation of chronic pain and decreased function. Functional improvement measures should be carried out on in general for baseline measure and to periodically assess the benefit of interventions and conservative therapy. Assessments can be made in a multitude of manners, including validated tools such as the SF-36 or FIM score, and the use of this type of measure should be up to the discretion of the requesting provider. However, it should be noted that reimbursement for the utilization of functional measures may not be a bill-able procedural code outside of a typical evaluation and management visit during which this type of measure can be carried out. So although functional improvement measures (FIM) are medically necessary in this worker, the payment for such measures independently of an office visit or physical therapy visit is up to the policy of the claims administrator.

**Physical therapy 3 times a week for 4 weeks for the bilateral shoulders, knees, ankles, hands and wrists, cervical spine, thoracic spine and lumbar spine:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

**Decision rationale:** In the case of this injured worker, the submitted documentation indicate that the worker sustained a relatively recent industrial injury on May 6, 2015 compared to when physical therapy was requested in association with a progress note on date of service June 9, 2015. Therefore, it is reasonable to assume that he worker has not undergone previous physical therapy. The examination of the worker on 6/9/15 indicates pathology and functional deficits in multiple body systems, and a conservative trial of physical therapy as request is medically necessary.

**X-ray of the Right Shoulder:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Shoulder Complaints 2004, Section(s): Special Studies.

**Decision rationale:** With regard to the request for shoulder x-rays, ACOEM Practice Guidelines, Shoulder Complaints Chapter, pg. 207, table 9-1, and table 9- 6, as referenced by the California MTUS (page 4 of Regulations) state: Routine radiographs for shoulder complaints before 4 to 6 weeks of conservative treatment are not recommended. Most patients improve quickly, provided red-flag conditions are ruled out. There are a few exceptions: Stress films of the AC joints (views of both shoulders, with and without patient holding 15-lb weights) may be indicated if the clinical diagnosis is AC joint separation. Care should be taken when selecting this test because the disorder is usually clinically obvious, and the test is painful and expensive relative to its yield. If an initial or recurrent shoulder dislocation presents in the dislocated position, shoulder films before and after reduction are indicated. Persistent shoulder pain, associated with neurovascular compression symptoms (particularly with abduction and external rotation), may indicate the need for an AP cervical spine radiograph to identify a cervical rib. In the case of this worker, the submitted records document physical examination of the shoulder. The notes do not document any red flag symptoms, and there is no clinical suspicion for AC separation, shoulder dislocation, or neurovascular compression. Rather there is documentation of tenderness over the trapezius, triceps and deltoid, and there is full range of motion noted. The patient has not undergone initial conservative therapy with PT yet. Given this, this request is not medically necessary.

**X-ray of the Right Hand:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Special Studies.

**Decision rationale:** Regarding the request for x-rays of the right hand, the ACOEM Forearm, Wrist, and Hand Complaint Chapter supports x-rays for red flag conditions such as fracture, dislocation, and osteoarthritis or after a 4-6 weeks period of conservative treatment when specific conditions such as a scaphoid fracture are suspected. These guidelines recommend against routine use for evaluation of forearm, wrist, and hand conditions. Within the documentation available for review, there is documentation on examination that the worker has tenderness of the interosseous spaces and bilateral carpus. There is no identification of any red flag conditions such as suspected fracture or dislocation. Conservative care with PT is pending. Thus the current request is not medically necessary.

**X-ray of Bilateral Ankles/Feet:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Ankle and Foot Complaints 2004, Section(s): Special Studies.

**Decision rationale:** Regarding the request for x-rays of the ankle/foot, ACOEM guidelines state that special studies are not needed to evaluate most knee complaints until after a period of conservative care and observation. The exception is that patients who fulfill the Ottawa Ankle Criteria or other red flags should have x-ray imaging immediately. Within the documentation available for review, there is documentation on examination that the worker has tenderness of over the left medial ankle and lateral ankle. Neither red flag symptoms nor fulfillment of the Ottawa Ankle Criteria are noted in the submitted medical records. The patient's weight bearing status is also not noted to be restricted in the documentation. Conservative care with PT has not yet been documented. Given this, the current request is not medically necessary.

**X-Ray of the Cervical Spine:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies.

**Decision rationale:** With regard to the request for cervical spine x-rays, the ACOEM Neck and Upper Back Complaints Chapter, states on pages 177-178: "For most patients presenting with true neck or upper back problems, special studies are not needed unless a three- or four-week period of conservative care and observation fails to improve symptoms. Most patients improve quickly, provided any red-flag conditions are ruled out. Criteria for ordering imaging studies are: Emergence of a red flag, Physiologic evidence of tissue insult or neurologic dysfunction, Failure to progress in a strengthening program intended to avoid surgery, Clarification of the anatomy prior to an invasive procedure." Within the documentation submitted for review, there is no documentation of red flag symptoms, neurologic dysfunction, or pending surgical or

interventional procedure. The progress note from 6/9/15 documents tenderness and pain throughout range of motion but no neurologic abnormalities. There is no documentation of conservative care or prior physical therapy for the neck. Given this, this request is not medically necessary.

### **X-Ray of the Thoracic Spine: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies.

**Decision rationale:** With regard to the request for thoracic spine x-rays, the ACOEM Neck and Upper Back Complaints Chapter, states on pages 177-178: "For most patients presenting with true neck or upper back problems, special studies are not needed unless a three- or four-week period of conservative care and observation fails to improve symptoms. Most patients improve quickly, provided any red-flag conditions are ruled out. Criteria for ordering imaging studies are: Emergence of a red flag, Physiologic evidence of tissue insult or neurologic dysfunction, Failure to progress in a strengthening program intended to avoid surgery, Clarification of the anatomy prior to an invasive procedure." Within the documentation submitted for review, there is no documentation of red flag symptoms, neurologic dysfunction, or pending surgical or interventional procedure. There is no documentation of conservative care or prior physical therapy for the neck. Given this, this request is not medically necessary.

### **X-Ray of the Lumbar Spine: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies.

**Decision rationale:** With regard to the request for lumbar spine x-rays, the ACOEM Low Back Complaints Chapter specifies on pages 303-304 the following: "Lumbar spine x rays should not be recommended in patients with low back pain in the absence of red flags for serious spinal pathology, even if the pain has persisted for at least six weeks. However, it may be appropriate when the physician believes it would aid in patient management. Relying solely on imaging studies to evaluate the source of low back and related symptoms carries a significant risk of diagnostic confusion (false- positive test results) because of the possibility of identifying a finding that was present before symptoms began and therefore has no temporal association with the symptoms." Within the documentation available for review, there is no documentation of any red flag symptoms. There is no documentation that the worker has already undergone conservative care with physical therapy. In fact, the physical therapy for the spine is being concurrently requested in this case. Additionally, the requesting physician has not stated how his medical decision-making will be changed based upon the outcome of the currently requested lumbar x-ray. Given this, the currently requested lumbar x-ray is not medically necessary.

