

<b>Case Number:</b>	CM15-0172327		
<b>Date Assigned:</b>	09/14/2015	<b>Date of Injury:</b>	05/09/2013
<b>Decision Date:</b>	11/02/2015	<b>UR Denial Date:</b>	08/31/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/01/2015

### 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: Arizona, Michigan

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 56-year-old male, who sustained an industrial injury on 5-09-2013. The injured worker was diagnosed as having left shoulder impingement and rule out cervical disc injury. Treatment to date has included diagnostics, left shoulder surgery 8-2014, physical therapy, and medications. On 5-22-2015, it was documented that the injured worker reached maximum medical improvement and should be rated permanent and stationary. On 7-17-2015, the injured worker complained of left shoulder pain rated 6 out of 10, compensatory right shoulder pain rated 3 out of 10, and cervical pain with left upper extremity symptoms rated 5 out of 10. Objective findings noted tenderness of the left shoulder, "limited" range of motion, and deconditioning left deltoid musculature. Cervical range of motion noted flexion 50, extension 40, bilateral rotation 50, and bilateral lateral tilt 50. His upper extremity neurologic evaluation was "unchanged". Medication use included Hydrocodone 10mg twice daily and Ambien and he denied side effects. He was prescribed Hydrocodone 10mg three times daily. Urine toxicology was initiated for "high risk", noting poor response to opioids in the past, depression, and no return to work after a period of several months. DNA-genetic testing was recommended to rule out metabolic pathway deficiency for proper medication selection-management. Currently (08-07-2015), the injured worker complains of left shoulder pain rated 6 out of 10, compensatory right shoulder pain rated 3 out of 10, and cervical pain with left upper extremity symptoms rated 5 out of 10. Medication use included Hydrocodone 10mg twice daily and Ambien and he denied side effects. Objective findings noted tenderness of the left shoulder, "limited" range of motion, and deconditioning left deltoid musculature. Cervical range of motion noted flexion 50, extension 40, bilateral rotation 50, and bilateral lateral tilt 50. His upper extremity neurologic evaluation was "unchanged". He was prescribed Hydrocodone 10mg three times daily. Urine

toxicology was noted for "high risk" screening monthly, noting poor response to opioids in the past, depression, and no return to work after a period of several months. Previous inconsistencies in urine toxicology, if any, were not documented. His work status was permanent stationary. He was to continued transcutaneous electrical nerve stimulation unit use. Magnetic resonance imaging of the cervical spine (5-2014) showed mild discogenic disease, particularly at C4-5, C5-6, and C6-7. The treatment plan included acupuncture for the left shoulder x12 to decrease pain and inflammation and facilitate diminution medication consumption, chiropractic for the left shoulder and cervical spine x8, supplies for transcutaneous electrical nerve stimulation unit, DNA test to consider medication rotation, and urine toxicology screening, non-certified by Utilization Review on 8-31-2015.

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

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

**Acupuncture, left shoulder, quantity 12:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment 2007.

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment 2007.

**Decision rationale:** The MTUS recommends acupuncture as an option when pain medication is reduced or not tolerated, and it may be used as an adjunct to physical rehabilitation and or surgical intervention to hasten functional recovery. Acupuncture can be used to reduce pain, reduce inflammation, increase blood flow, increase range of motion, decrease the side effect of medication-induced nausea, promote relaxation in an anxious patient and reduce muscle spasm. Time to produce functional improvement is 3-6 treatments. 1-3 times a week for 1-2 months. This passive intervention should be an adjunct to active rehab efforts. ODG Acupuncture Guidelines: Initial trial of 3-4 visits over 2 weeks. With evidence of objective functional improvement, total of up to 8-12 visits over 4-6 weeks (Note: The evidence is inconclusive for repeating this procedure beyond an initial short course of therapy.) Unfortunately, the request exceeds guideline recommendations of an initial trial of 3-4 visits and is not medically necessary.

**Chiropractic treatment for the cervical spine and left shoulder, quantity 8:** Upheld

**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): Manual therapy & manipulation.

**Decision rationale:** Per the MTUS chiropractic, care is recommended for chronic pain if caused by musculoskeletal conditions. Manual Therapy is widely used in the treatment of musculoskeletal pain. The intended goal or effect of Manual Medicine is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. Manipulation is manual therapy that moves a joint beyond the physiologic range-of-motion but not beyond the anatomic range-of-motion. Low back: Recommended as an option. Therapeutic care & Trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks. Elective/maintenance care & Not medically necessary. Recurrences/flare-ups & Need to re-evaluate treatment success, if RTW achieved then 1-2

visits every 4-6 months. Reviews of the injured workers medical records reveal that he has already had physical therapy and there is no documentation of pain or functional improvement with this prior therapy. This request is also for different parts of the anatomy that have different guideline recommendations and is not possible to evaluate as one request, therefore the request for Chiropractic treatment for the cervical spine and left shoulder, quantity 8 is not medically necessary.

**Supplies for TENS, quantity 1: 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): Transcutaneous electrotherapy.

**Decision rationale:** Per the MTUS, transcutaneous electrotherapy is "not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a non-invasive conservative option, if used as an adjunct to a program of evidence-based functional restoration. The MTUS criteria for the use of TENS: Chronic intractable pain, documentation of pain of at least three months duration, evidence that other appropriate pain modalities have been tried (including medication) and failed. A one-month trial period of the TENS unit should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function; rental would be preferred over purchase during this trial. Other ongoing pain treatment should also be documented during the trial period including medication usage. A treatment plan including the specific short and long-term goals of treatment with the TENS unit should be submitted. A 2-lead unit is generally recommended; if a 4-lead unit is recommended, there must be documentation of why this is necessary. A review of the injured workers medical records reveal that the injured worker has an approved TENS unit and appears to be benefiting from it use, the continued use appears appropriate; therefore the request for Supplies for TENS, quantity 1 is medically necessary.

**DNA test to consider medication rotation: 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 (updated 07/15/2015).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain / Cytokine DNA testing.

**Decision rationale:** The MTUS did not address the use of DNA testing in this setting, therefore other guidelines were consulted. Per the ODG "Not recommended. There is no current evidence to support the use of cytokine DNA testing for the diagnosis of pain, including chronic pain. Scientific research on cytokines is rapidly evolving. There is vast and growing scientific evidence base concerning the biochemistry of inflammation and it is commonly understood that inflammation plays a key role in injuries and chronic pain. Cellular mechanisms are ultimately involved in the inflammatory process and healing, and the molecular machinery involves cellular signaling proteins or agents called cytokines. Given rapid developments in cytokine research, novel applications have emerged and one application is cytokine DNA signature

testing which has been used as a specific test for certain pain diagnoses such as fibromyalgia or complex regional pain syndrome. The Cytokine Institute (which might no longer exist) had performed the specific test for cytokine DNA testing. Two articles were found on the website. However, these articles did not meet the minimum standards for inclusion for evidence-based review. (Gavin, 2007) (Gillis, 2007) However the guidelines do not support the use of DNA testing at this time, therefore the request for DNA test to consider medication rotation is not medically necessary.

**Urine toxicology screen:** Upheld

**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): Drug testing. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain / urine drug test.

**Decision rationale:** Per the MTUS, Drug testing is recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs before a therapeutic trial of opioids, during ongoing management and to avoid misuse/ addiction. Per the ODG, frequency of urine drug testing should be based on documented evidence of risk stratification including use of a testing instrument. A review of the injured workers medical records reveals that the injured worker has been classified as high risk and is on chronic opioid and benzodiazepine therapy, the request for urine toxicology screen is medically necessary.