

<b>Case Number:</b>	CM15-0068126		
<b>Date Assigned:</b>	04/15/2015	<b>Date of Injury:</b>	08/19/2014
<b>Decision Date:</b>	06/29/2015	<b>UR Denial Date:</b>	03/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/10/2015

### 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 54 year old female, who sustained an industrial injury on 08/19/2014. She reported feeling a twitch in her lower back on the right side. As time went on, the pain moved down her right leg. Treatment to date has included acupuncture and medications. According to a progress report dated 02/16/2015, the injured worker complained of moderate sharp low back pain and stiffness with numbness and tingling associated with prolonged standing and walking. Pain was rated 7 on a scale of 1-10. Diagnoses included lumbar radiculopathy and lumbar sprain/strain. Treatment plan included physical therapy, MD consult for pain medications, pain management consult and cardio-respiratory diagnostic testing and sleep study.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy, 1 time per week for 6 weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98 and 99.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99.

**Decision rationale:** The 55 year old patient complains of lower back pain, rated at 8/10, radiating to lower extremities with numbness and tingling, as per progress report dated 02/26/15. The request is for PHYSICAL THERAPY, 1 TIME PER WEEK FOR SIX WEEKS. The RFA for the case is dated 02/26/15, and the patient's date of injury is 08/19/14. Diagnoses, as per progress report dated 02/26/15, included lumbar radiculopathy and lumbar sprain/strain. Medications included Naproxen, Norco and compounded topical creams. The patient is off work, as per chiropractic report dated 02/26/15. MTUS Guidelines pages 98 to 99 state that for patients with "myalgia and myositis, 9 to 10 sessions over 8 weeks are allowed, and for neuralgia, neuritis, and radiculitis, 8 to 10 visits over 4 weeks are allowed." In this case, the patient has completed some physical therapy in the past as indicated by physical therapy report dated 10/29/14 and PT evaluation report dated 03/02/15. The reports, however, do not document the number of sessions already completed as well as their efficacy in terms of reduction in pain and improvement in function. MTUS only recommends 8-10 sessions of PT in non-operative cases. Given the lack of documentation, the request IS NOT medically necessary.

**MD consult for pain medication:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, chapter 6, page 115.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pain Outcomes and Endpoints Page(s): 8-9.

**Decision rationale:** The 55 year old patient complains of lower back pain, rated at 8/10, radiating to lower extremities with numbness and tingling, as per progress report dated 02/26/15. The request is for MD CONSULT FOR PAIN MEDICATION. The RFA for the case is dated 02/26/15, and the patient's date of injury is 08/19/14. Diagnoses, as per progress report dated 02/26/15, included lumbar radiculopathy and lumbar sprain/strain. Medications included Naproxen, Norco and compounded topical creams. The patient is off work, as per chiropractic report dated 02/26/15. Regarding follow-up visits, MTUS guidelines page 8 states that the treater must monitor the patient and provide appropriate treatment recommendations. In this case, the patient suffers from chronic pain, and received a prescription for pain medications from an MD on 02/26/15. The current request for MD consult is from the patient's chiropractor. It is noted in chiropractic report dated 02/26/15, and is possibly for future medications. The request is reasonable and IS medically necessary.

**Pain management consult:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 6, page 115, Official Disability Guidelines (ODG), Pain management.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004), Independent medical examination and consultations. Ch: 7 page 127.

radiating to lower extremities with numbness and tingling, as per progress report dated 02/26/15. The request is for PAIN MANAGEMENT CONSULT. The RFA for the case is dated 02/26/15, and the patient's date of injury is 08/19/14. Diagnoses, as per progress report dated 02/26/15, included lumbar radiculopathy and lumbar sprain/strain. Medications included Naproxen, Norco and compounded topical creams. The patient is off work, as per chiropractic report dated 02/26/15. American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) ACOEM guidelines, chapter 7, page 127 state that the occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A referral may be for consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. In this case, the patient suffers from chronic pain, and has received a prescription for pain medications from an MD, as indicated by physician report dated 02/26/15. The current request for pain management is from the patient's chiropractor, and is noted in chiropractic report dated 02/26/15. The patient continues to suffer from symptoms in spite of conservative treatments and may benefit from a consultation with a pain management specialist. Hence, the request is reasonable and IS medically necessary.

#### **Cardio-respiratory diagnostic testing and sleep study: 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), Pulmonary function testing and sleep study.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Pain (chronic) Chapter, Polysomnography.

**Decision rationale:** The 55 year old patient complains of lower back pain, rated ta 8/10, radiating to lower extremities with numbness and tingling, as per progress report dated 02/26/15. The request is for CARDIO-RESPIRATORY DIAGNOSTIC TESTING AND SLEEP STUDY. The RFA for the case is dated 02/26/15, and the patient's date of injury is 08/19/14. Diagnoses, as per progress report dated 02/26/15, included lumbar radiculopathy and lumbar sprain/strain. Medications included Naproxen, Norco and compounded topical creams. The patient is off work, as per chiropractic report dated 02/26/15. Aetna considers cardiopulmonary exercise testing (CPET) medically necessary "after performance of standard testing, including echocardiography, and pulmonary function testing with measurement of diffusion capacity and measurement of oxygen desaturation (6-minute walk test).. ODG-TWC guidelines, chapter 'Pain (chronic)' and topic 'Polysomnography', list the following criteria for Polysomnography: "Polysomnograms / sleep studies are recommended for the combination of indications listed below: (1) Excessive daytime somnolence; (2) Cataplexy (muscular weakness usually brought on by excitement or emotion, virtually unique to narcolepsy); (3) Morning headache (other causes have been ruled out); (4) Intellectual deterioration (sudden, without suspicion of organic dementia); (5) Personality change (not secondary to medication, cerebral mass or known psychiatric problems); & (6) Insomnia complaint for at least six months (at least four nights of the week), unresponsive to behavior intervention and sedative/sleep-promoting medications and psychiatric etiology has been excluded. A sleep study for the sole complaint of snoring, without one of the above mentioned symptoms, is not recommended." In this case, the patient's chiropractor is requesting for cardio-respiratory testing in progress report dated 02/26/15. The purpose is to "objectively measure the patient's cardiac and respiratory autonomic nervous system functioning , and screen for any sign and symptoms arising out of

the industrial injury that are known, with reasonable medical probability, to be influenced or aggravated by autonomic imbalance and dysfunction." The treater, however, does not discuss the results of standard testing, as required by Aetna. Regarding sleep study, there is no documentation of insomnia or its duration. Additionally, there is no discussion about excessive daytime sleep, muscle weakness, and personality or intellectual changes which may warrant a sleep study as per ODG guidelines. The reports lack relevant information required to make a determination on this request. Hence, the request for cardio- respiratory testing and sleep study IS NOT medically necessary.