

Case Number:	CM15-0085953		
Date Assigned:	05/13/2015	Date of Injury:	10/23/2013
Decision Date:	10/20/2015	UR Denial Date:	04/08/2015
Priority:	Standard	Application Received:	05/04/2015

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: Tennessee, Florida, Ohio
 Certification(s)/Specialty: Surgery, Surgical Critical Care

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 47-year-old male, who sustained an industrial injury on 10/23/2013. He reported injuries to his back, left knee and left ankle from lifting. Diagnoses have included cervical musculoligamentous injury, cervical myospasm, cervical neuritis, lumbar sprain/strain, lumbar radiculopathy, thoracic sprain/strain, left elbow internal derangement, left elbow sprain/strain, left elbow carpal tunnel syndrome, left wrist sprain/strain, left wrist tenosynovitis, sleep disturbance and ankle sprain/strain. Treatment to date has included trigger point injections, massage, electro stimulation and medication. According to the progress report dated 1/2/2015, the injured worker complained of constant, moderate to severe pain in the neck, bilateral shoulders and upper/mid back. He complained of constant severe low back pain and left elbow pain radiating to wrist. He also complained of sleep loss due to pain. Exam of the cervical and lumbar spines revealed decreased, painful range of motion, tenderness to palpation and muscle spasm. Exam of the thoracic spine revealed tenderness to palpation and muscle spasm. Exam of the shoulders revealed tenderness to palpation. There was decreased, painful range of motion of the right shoulder with muscle spasms. There was swelling present at the left wrist and elbow along with tenderness to palpation. Authorization was requested for physical therapy; chiropractic treatment; acupuncture; aquatic therapy; a urine drug screen; magnetic resonance imaging (MRI) of the left knee, left ankle and left foot; electromyography (EMG)/nerve conduction velocity (NCV) of the bilateral lower extremities; spirometry; pulmonary function test; stress test; sleep study; cardio-respiratory/autonomic function assessment; autonomic nervous system sudomotor test; orthopedic consult for the bilateral shoulders, left elbow, left

wrist and left knee; pain management consult; follow-up visit with family medicine and podiatrist referral.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy for the Cervical Spine, Thoracic Spine, and Bilateral Shoulders (6-sessions, once a week for 6-weeks): Upheld

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

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

Decision rationale: The California MTUS Guidelines state that physician should allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. The value of physical therapy increases when a physician gives the therapist a specific diagnosis of the lesion causing the patient's symptoms. With a prescription, that clearly states treatment goals, a physician can use communication with the therapist to monitor such variables as motivation and compliance. This patient has been documented to have had multiple physical therapy sessions for multiple regions. The patient has not had any demonstrable improvement documented from his prior physical therapy sessions. Since the patient does not have any acutely documented pain other than his chronic pain symptoms, continued physical therapy is not indicated at this time. Therefore, based on the submitted medical documentation, the request for physical therapy to the cervical & thoracic spine plus bilateral shoulders is not medically necessary.

Chiropractic Care for the Cervical Spine, Thoracic Spine, and Bilateral Shoulders (6-sessions, once a week for 6-weeks): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation.

Decision rationale: The California MTUS Guidelines state that Chiropractic manipulation is recommended for the treatment of chronic pain that has acute flares or "requires therapeutic care." However, it is "not recommended for elective for maintenance therapy." The medical records support that this patient has chronic back pain, which has been stable with no recent flare-ups or acute interventions. The patient's pain appears to be at a steady state for which he has been receiving chiropractic manipulation on a routine basis. The MTUS does not support the need for manipulation as maintenance therapy. Therefore, based on the submitted medical documentation, medical necessity for chiropractic care has not been established.

Acupuncture for the Cervical Spine, Thoracic Spine, and Bilateral Shoulders (6-sessions, once a week for 6-weeks): Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: In accordance with California MTUS Acupuncture guidelines "Frequency and duration of acupuncture or acupuncture with electrical stimulation may be performed as follows: (1) Time to produce functional improvement: 3 to 6 treatments. (2) Frequency: 1 to 3 times per week. (3) Optimum duration: 1 to 2 months. (d) Acupuncture treatments may be extended if functional improvement is documented." This patient has been prescribed acupuncture for multiple regions in the past for his chronic pain syndrome. The patient has not had any demonstrable improvement documented from his acupuncture sessions. Since the patient does not have any documented functional improvement, continued acupuncture is not indicated at this time. Therefore, based on the submitted medical documentation, the request for acupuncture for the cervical spine, thoracic spine and bilateral shoulders is not medically necessary.

Aquatic Therapy for the Cervical Spine, Thoracic Spine, and Bilateral Shoulders (6-sessions, once a week for 6-weeks): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Aquatic therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Aquatic therapy.

Decision rationale: Regarding aquatic therapy, the MTUS guidelines state that it is: "Recommended as an optional form of exercise therapy, where available, as an alternative to land-based physical therapy. Aquatic therapy (including swimming) can minimize the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable, for example extreme obesity." Regarding this patient's case, there is no documentation of failed land based therapy. Therefore, based on the submitted medical documentation, medical necessity for aquatic therapy has not been established.

Urine Drug Screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Drug testing. Decision based on Non-MTUS Citation ODG-TWC Pain Procedure Summary, Urine Drug Testing (UDT).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, differentiation: dependence & addiction, Opioids, indicators for addiction, Opioids, steps to avoid misuse/addiction.

Decision rationale: The clinical records submitted do not support the fact that this patient has been documented to have a positive drug screen for illicit or non-prescribed substances. The MTUS guidelines recommend frequent and random urine drug screens where aberrant behavior is suspected. This patient has not been documented to have suspicion of aberrant behavior. His pain is documented as secondary to multiple musculoskeletal sources and he has never had a documented prior drug screen, which was positive for illicit substances. Therefore, based on the submitted medical documentation, the request for urine drug testing is not-medically necessary.

MRI of the Left Knee, Left Ankle, and Left Foot: Upheld

Claims Administrator guideline: Decision based on MTUS Knee Complaints 2004, and Ankle and Foot Complaints 2004. Decision based on Non-MTUS Citation ODG-TWC Pain Procedure Summary, Ankle and Foot Procedure Summary Indications for Imaging - MRI (magnetic resonance imaging).

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

Decision rationale: Per the California MTUS Guidelines, "Reliance only on imaging studies to evaluate the source of knee symptoms may carry a significant risk of diagnostic confusion (false-positive test results) because of the possibility of identifying a problem that was present before symptoms began, and therefore has no temporal association with the current symptoms." This patient was recently approved for a knee MRI in April of 2015. A repeat MRI is not indicated since this is considered a duplicate request. Further MTUS states that diseases of the foot and ankles are generally self-limiting. There is no indication that the patient's foot process is severe and warrants an MRI. Therefore, based on the submitted medical documentation, the request for an MRI is not medically necessary.

EMG/NCV of the Bilateral Lower Extremities: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation ODG-TWC Low Back Procedure Summary, Nerve Conduction Studies and EMGs (electromyograms).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain, EMG/NCS.

Decision rationale: The California MTUS guidelines and the ACOEM Guidelines do not address the topic of EMG testing. The Occupational Disability Guidelines (ODG) states that "EMG is recommended as an option (needle, not surface) to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMGs are not necessary if radiculopathy is already clinically obvious." Additionally, the American Association of Neuromuscular & Electrodiagnostic Medicine (AANEM) recommends EMG testing only for medical indicated conditions; not for screening. This patient has diffuse musculoskeletal pain in multiple locations. Symptomatology does not support peripheral nerve root impingement. Concern for acute

radiculopathy is not supported on physical exam in the medical documentation. Therefore, based on the submitted medical documentation, the request for EMG testing is not medically necessary.

Spirometry: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Pulmonary Procedure Summary, Pulmonary Function Testing.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pulmonary, Pulmonary Function Testing.

Decision rationale: The California MTUS guidelines and the ACOEM Guidelines do not address the topic of spirometry testing. Per the Occupational Disability Guidelines (ODG), "Simple spirometry will measure the forced vital capacity (FVC) and provides a variety of airflow rates such as the forced expiratory volume in one second (FEV1) and the forced expiratory flow between 25-75% of the total exhaled volume (FEF25-75). The complete pulmonary function test (PFT) adds tests of the lung volumes and the diffusing capacity for carbon monoxide. Recommended for patients with asthma and recommended in the pre-operative evaluation of individuals who may have some degree of pulmonary compromise." This patient has a history of diffuse musculoskeletal pain. The exact reason for this test is unclear. This patient does not have asthma, is not planning to have surgery and does not have any history of industrial exposure. The test itself is unrelated to his chronic pain complaints. Pulmonary function testing has also been ordered. Spirometry is already included in a pulmonary function panel. The complete pulmonary function test (PFT) adds tests of the lung volumes and the diffusing capacity for carbon monoxide (DLCO) to incentive spirometry testing. Therefore, based on the submitted medical documentation, the request for Spirometry is not medically necessary.

Pulmonary Function Test: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Pulmonary Procedure Summary, Pulmonary Function Testing.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pulmonary, Pulmonary Function Testing.

Decision rationale: The California MTUS guidelines and the ACOEM Guidelines do not address the topic of pulmonary function testing. Per the Occupational Disability Guidelines (ODG), pulmonary function testing is: "Recommended for the diagnosis and management of chronic lung diseases. Lastly, it is recommended in the pre-operative evaluation of individuals who may have some degree of pulmonary compromise and require pulmonary resection or in the pre-operative assessment of the pulmonary patient." This patient has a history of diffuse

musculoskeletal pain. The exact reason for this test is unclear. The patient does not have any history of industrial exposure and the test itself is unrelated to his chronic pain complaints. Spirometry has also been ordered. Or note, that is included in a pulmonary function panel. The complete pulmonary function test (PFT) adds tests of the lung volumes and the diffusing capacity for carbon monoxide (DLCO) to incentive spirometry testing. Therefore, based on the submitted medical documentation, the request for pulmonary function testing is not-medically necessary.

Stress Test: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Zipes: Braunwald's Heart Disease: A Textbook of Cardiovascular Medicine, 7th ed., p 379.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Diabetes, Hypertension Treatment.

Decision rationale: The California MTUS guidelines and the ACOEM Guidelines do not address the topic of cardiac stress test studies. The Occupational Disability Guidelines (ODG) states that stress tests are used to measure the heart's ability to respond to external stress in a controlled clinical environment. This test can be used to diagnose ischemic heart disease. Stress cardiac imaging is not recommended for asymptomatic, low-risk patients as part of their routine care. Unless high-risk markers are present, such as diabetes in patients aged over 40, peripheral artery disease, or a risk of coronary heart disease greater than 2 percent yearly, most health societies do not recommend the test as a routine procedure. The reason for this test is unclear. The medical documentation does not support that this patient is having acute signs or symptoms or unstable angina. Cardiac stress tests should not be routinely ordered for medical screening purposes. Therefore, based on the submitted medical documentation, the request for cardiac treadmill testing is not medically necessary.

Sleep Study: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Pain Procedure Summary, Criteria for Polysomnography.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental, Polysomnography.

Decision rationale: The California MTUS guidelines and the ACOEM Guidelines do not address the topic of preoperative lab testing. According to the Official Disability Guidelines (ODG), a sleep study is: "Recommended after at least six months of an insomnia complaint (at least four nights a week), unresponsive to behavior intervention and sedative/sleep-promoting medications, and after psychiatric etiology has been excluded." Additionally, ODG states that

sleep studies are: "Not recommended for the routine evaluation of transient insomnia, chronic insomnia, or insomnia associated with psychiatric disorders." Regarding this patient's case, there is no documentation of this patient's insomnia being unresponsive to behavioral intervention and sleep promoting medications. Therefore, medical necessity for a sleep study has not been established.

Cardio-Respiratory/Autonomic Function Assessment: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Zipes: Braunwald's Heart Disease: A Textbook of Cardiovascular Medicine, 7th ed., Chapter 10.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Clinician's Guide To Cardiopulmonary Exercise Testing in Adults, Circulation. 2010; 122: 191-225 Published online before print June 28, 2010.

Decision rationale: The California MTUS guidelines, ACOEM Guidelines and the Occupational Disability Guidelines (ODG) do not address this topic. Therefore, outside sources were sought. When combined with exercise testing, adjunctive imaging modalities offer greater diagnostic accuracy, additional information regarding cardiac structure and function, and additional prognostic information. The American Heart Association recommends that Cardiopulmonary autonomic function exercise testing be performed in adults to assess cardiac output and pulmonary compliance. The reason for this test being ordered is unclear. This patient has not been documented to have any signs of recent unstable angina. This type of test is not performed as a standing screening procedure. Therefore, based on the submitted medical documentation, the request for cardio-respiratory /autonomic function assessment is not-medically necessary.

Autonomic Nervous System Sudomotor Test (Sudoscan): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Pain Procedure Summary, Autonomic Nervous System Function Testing.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain, Sudomotor axon reflex test.

Decision rationale: Per ODG, the Sudomotor axon reflex test (Sudoscan) is "Not generally recommended as a diagnostic test for complex regional pain syndrome." The medical records support that this patient has chronic back pain, which has been stable with no recent flare-ups or acute interventions. The patient's pain appears to be at a steady state for which he has been receiving acupuncture, physical therapy and chiropractic manipulation on a routine basis. Therefore, based on the submitted medical documentation, medical necessity for chiropractic therapy has not been established.

Ortho Consultation for the Bilateral Shoulders, Left Elbow, Left Wrist, and Left Knee:
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Pain Procedure Summary, Office Visit.

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): General Approach, Initial Assessment.

Decision rationale: The clinical records submitted do not support the fact that this patient has been documented to have recent orthopedic disease requiring consultation. The California MTUS guidelines address the issue of consultants for back and neck related pain by stating: "If physiologic evidence indicates tissue insult or nerve impairment, consider a discussion with a consultant regarding next steps." This patient has been documented to have chronic pain syndrome with an authorized referral to a pain specialist. Recommendations from the pain specialist have not been received and evaluated. An orthopedic consultation is not indicated until the pain management recommendations are received and evaluated. Therefore, based on the submitted medical documentation, the request for orthopedic consultation is not-medically necessary.

Follow-Up Visit with Family Medicine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Pain Procedure Summary, Office Visits.

MAXIMUS guideline: Decision based on MTUS Stress-Related Conditions 2004, Section(s): Follow-up.

Decision rationale: The California MTUS guidelines state: "Frequency of follow-up visits may be determined by the severity of symptoms, whether the patient was referred for further testing and/or psychotherapy, and whether the patient is missing work. These visits allow the physician and patient to reassess all aspects of the stress model (symptoms, demands, coping mechanisms, and other resources) and to reinforce the patient's supports and positive coping mechanisms." Additionally, "Follow-up by a physician can occur when a change in duty status is anticipated (modified, increased, or full duty) or at least once a week if the patient is missing work." This patient has chronic pain that has been authorized to receive evaluation by a pain management specialist. Recommendations from the pain specialists have not been received and evaluated. A follow-up with family practice is not indicated until the pain management recommendations are received. Therefore, based on the submitted medical documentation, the request for follow-up pain consultation is not-medically necessary.