

Case Number:	CM14-0002998		
Date Assigned:	01/29/2014	Date of Injury:	10/13/2004
Decision Date:	11/03/2015	UR Denial Date:	12/26/2013
Priority:	Standard	Application Received:	01/08/2014

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 patient is a 45 year-old female. The IMR application shows the injury date as 10/13/04, as does the 12/26/13 UR denial letter. The UR denial letter was based on the 11/6/13 medical report. The 11/6/13 medical report, and the 1/3/14 applicant attorney letter state the date of injury was CT 1/31/01 to 8/28/04. According to the 11/6/13 pain management report from [REDACTED], the patient presents with neck pain, chest wall/rib pain, bilateral shoulder pain and right elbow pain. She has been diagnosed with: s/p ACDF C3-C7 3/20/13; s/p chest/rib surgery x2; bilateral TOS; s/p right elbow surgery; idiopathic peripheral autonomic neuropathy; unspecified disorder of the autonomic nervous system. [REDACTED] recommended acupuncture 2x4 for the cervical spine; PT 2x4; cardiorespiratory testing autonomic function assessment cardiovagal innervation, vasomotor adrenergic innervation, EKG; and genetic testing for narcotic risk.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture sessions 2x4 (cervical): Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007, and Chronic Pain Medical Treatment 2009, Section(s): Functional improvement measures.

Decision rationale: According to the 11/6/13 pain management report, the patient presents with neck pain, chest wall/rib pain, bilateral shoulder pain and right elbow pain. This is a review for acupuncture 2x4 for the cervical spine. The MTUS acupuncture guidelines, state that if acupuncture is going to be effective, there should be some evidence of functional improvement within the first 3-6 sessions. The guidelines state that if there is documented functional improvement, then the treatments may be extended. The request for the initial acupuncture 2x4 exceeds the MTUS/Acupuncture guidelines recommended number of sessions necessary to document functional improvement.

Physical therapy 2x4 (cervical): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines-TWC Neck and Upper Back Procedure, Physical therapy.

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

Decision rationale: According to the 11/6/13 pain management report from, the patient presents with neck pain, chest wall/rib pain, bilateral shoulder pain and right elbow pain. The physical examination shows a 5'4", 176 lbs, female in no acute distress. The examination was deferred. The treatment plan recommended PT 2x4 to improve ROM, and increase strength. I have been asked to review for PT 2x4. The records mention the patient has had prior PT in the past, but do not appear to show anything recent. There was no mention of outcome of prior PT, and without a current examination, it is not known if the patient has decreased strength or decreased ROM. The MTUS guidelines do however recommend 8-10 sessions of PT for various and unspecified myalgias and neuralgias. The request for 8 sessions appears to be consistent with the MTUS guidelines.

Cardio Respiratory Testing Autonomic Function Assessment: Cardiovagal Innervation, Vasomotor, Adrenergic Innervation, EKG: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.ncbi.nlm.nih.gov, Assessment of cardiovascular autonomic function; Bonow: Braunwald's Heart Disease- A Textbook of Cardiovascular Medicine, 9th ed. Chapter 13- Electrocardiography.

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

Decision rationale: According to the 11/6/13 pain management report, the patient presents with neck pain, chest wall/rib pain, bilateral shoulder pain and right elbow pain. This is a review for routine cardiorespiratory testing, autonomic function assessment, cardiovagal innervation

vasomotor adrenergic innervation testing and EKG. The 11/6/13 report does not provide a discussion of rationale for the tests. There are no cardio-respiratory symptoms, or discussion of autonomic nervous system dysfunction and the physical exam was not performed. MTUS/ACOEM does not recommend routine testing/special studies unless conservative care fails to improve symptoms. The patient's symptoms were not discussed, and the patient did not have conservative care. The request is not in accordance with MTUS/ACOEM guidelines.

Proove Biosciences Narcotic Risk laboratory test: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-TWC Pain Procedure, Genetic testing; <http://learn.genetics.utah.edu> Learn Genetics, Genetic Science Learning Center.

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: Genetic testing for potential opioid abuse, Cytokine DNA testing Cytochrome p450 testing.

Decision rationale: According to the 11/6/13 pain management report, the patient presents with neck pain, chest wall/rib pain, bilateral shoulder pain and right elbow pain. This is a review for Proove bioscience narcotic risk lab tests. This is essentially genetic testing for narcotic risk. MTUS/ACOEM does not discuss this, but ODG guidelines do. ODG guidelines specifically state Genetic testing for potential opioid abuse is not recommended. The request is not in accordance with ODG guidelines.

Retrospective review (DOS: 11/6/13) Qualitative 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 Official Disability Guidelines-TWC Pain Procedure, Urine drug testing.

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 chapter for Urine drug testing.

Decision rationale: According to the 11/6/13 pain management report, the patient presents with neck pain, chest wall/rib pain, bilateral shoulder pain and right elbow pain. This is a review for a UDT performed on 11/6/13. MTUS does allow for UDT for drugs. The records show the patient has had UDT on 8/2/13, 10/4/13, 10/25/13 and 11/6/13. The issue appears to be the frequency of UDT. MTUS does not specifically discuss the frequency that UDT should be performed. ODG is more specific on the topic and states: Patients at "low risk" of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. There is no reason to perform confirmatory testing unless the test is inappropriate or there are unexpected results. If required, confirmatory testing should be for the questioned drugs only. There is no mention of the patient being above low risk for aberrant drug behavior. ODG guidelines state that for patient's at low risk, testing can be within 6 months of initiation of

therapy, then on a yearly basis thereafter. The request for UDT is not in accordance with the frequency listed under ODG guidelines.

Prospective Qualitative 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 Official Disability Guidelines-TWC Pain Procedure, Urine drug testing.

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 chapter for urine drug testing.

Decision rationale: According to the 11/6/13 pain management report, the patient presents with neck pain, chest wall/rib pain, bilateral shoulder pain and right elbow pain. This is a review for a UDT performed on 11/6/13. MTUS does allow for UDT for drugs. The records show the patient has had UDT on 8/2/13, 10/4/13, 10/25/13 and 11/6/13. The issue appears to be the frequency of UDT. MTUS does not specifically discuss the frequency that UDT should be performed. ODG is more specific on the topic and states: Patients at "low risk" of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. There is no reason to perform confirmatory testing unless the test is inappropriate or there are unexpected results. If required, confirmatory testing should be for the questioned drugs only. There is no mention of the patient being above low risk for aberrant drug behavior. ODG guidelines state that for patient's at low risk, testing can be within 6 months of initiation of therapy, then on a yearly basis thereafter. The request for UDT is not in accordance with the frequency listed under ODG guidelines.

Retrospective (DOS 11/6/13) Medication management: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-TWC Mental Illness and Stress, Evaluation and management.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Introduction, Opioids, pain treatment agreement.

Decision rationale: According to the 11/6/13 pain management report, the patient presents with neck pain, chest wall/rib pain, bilateral shoulder pain and right elbow pain. This evaluation is for medication management. MTUS and the State Medical Board requires treatment of pain. MTUS states "the treatment shall be provided as long as the pain persists beyond the anticipated time of healing and throughout the duration of the chronic pain condition." MTUS states: With regard to the frequency and intensity requirements, the treating physician is required, as stated in the Introduction of these guidelines at page 7, to exercise clinical judgment by "tailoring medications and dosages to the individual taking into consideration patient-specific variables such as comorbidities, other medications, and allergies." The guidelines state the physician is required to

treat the pain. The patient presents with pain, medication management is an option and appears to be in accordance with MTUS guidelines.

Prospective medication management: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-TWC Mental Illness & Stress Procedure, Evaluation and management.

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

Decision rationale: According to the 11/6/13 pain management report, the patient presents with neck pain, chest wall/rib pain, bilateral shoulder pain and right elbow pain. This evaluation is for medication management. MTUS and the State Medical Board requires treatment of pain. MTUS states "the treatment shall be provided as long as the pain persists beyond the anticipated time of healing and throughout the duration of the chronic pain condition." MTUS states: With regard to the frequency and intensity requirements, the treating physician is required, as stated in the Introduction of these guidelines at page 7, to exercise clinical judgment by "tailoring medications and dosages to the individual taking into consideration patient-specific variables such as comorbidities, other medications, and allergies." The guidelines state the physician is required to treat the pain. The patient presents with pain, medication management is an option and appears to be in accordance with MTUS guidelines.