

Case Number:	CM13-0062478		
Date Assigned:	12/30/2013	Date of Injury:	07/08/2003
Decision Date:	04/03/2014	UR Denial Date:	11/27/2013
Priority:	Standard	Application Received:	12/06/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 41 year-old male with a 7/8/2003 industrial injury claim. According to the 9/3/13 PR2 from [REDACTED], the patient has lumbar disc displacement HNP; and lumbar radiculopathy. He had 8/10 sharp low back pain with numbness and tingling in the bilateral lower extremities. [REDACTED] recommended EMG/NCV BLE, chiropractic, acupuncture, and shockwave therapy. On 11/27/13, [REDACTED] UR modified the request to allow 6 chiropractic and 6 acupuncture sessions, and denied the shockwave therapy and the EMG/NCV. The UR letter provided for IMR is the pages that contain the rationale for the denial.

IMR ISSUES, DECISIONS AND RATIONALES

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

One EMG/NCS of bilateral lower extremities: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

Decision rationale: The MTUS/ACOEM Guidelines states: Electromyography (EMG), including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients

with low back symptoms lasting more than three or four weeks." The records show the patient has had complaints of low back pain and bilateral lower extremity paresthesia for over 4-weeks. The request for 1 EMG/NCS of the bilateral lower extremities is medically necessary and appropriate.

18 chiropractic sessions: 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)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 30, 58.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines for chiropractic care for the lower back states: "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." The UR decision to modify the request to allow the trial of 6 sessions was in accordance with MTUS guidelines. The request for 18 chiropractic sessions will exceed the MTUS recommended trial of 6 visits. The requests for 18 chiropractic session are not medically necessary and appropriate.

18 acupuncture sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The Acupuncture Treatment Guidelines, state there should be some evidence of functional improvement in 3-6 sessions of acupuncture. The guidelines state if there is documentation of functional improvement, the acupuncture sessions can be extended. The request for 18 sessions of acupuncture will exceed the guideline recommendations of 6 sessions necessary to document functional improvement. The request for 18 sessions of acupuncture is not medically necessary and appropriate.

6 shockwave therapy treatments: Upheld

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

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

Decision rationale: The MTUS/ACOEM does not mention shockwave therapy for lower back conditions, so ODG guidelines were consulted. The Official Disability Guidelines (ODG), in the low back chapter specifically states shockwave therapy is not recommended. The request for

shockwave therapy for the low back is not in accordance with ODG guidelines. The request for 6 shockwave therapy treatments is not medically necessary and appropriate