MAXIMUS Federal Services

Case Number:	CM13-0069902		
Date Assigned:	04/18/2014	Date of Injury:	08/15/2012
Decision Date:	06/16/2014	UR Denial Date:	12/03/2013
Priority:	Standard	Application Received:	12/23/2013

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. The expert 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 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/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:

This patient is a 60-year-old female with date of injury of 08/15/2012. The listed diagnoses per [redacted] dated 10/31/2013 are: Cervical spine disk bulge; Thoracic spine disk bulge; Lumbar spine disk bulges; Right hip strain; and Left hip strain. The handwritten report shows, that the patient complains of neck, upper back, lower back, right and left hip pain. The physical exam shows there is positive tenderness in the cervical, thoracic, and lumbar spine. Light touch sensation on the right lateral shoulder, right thumb tip, right long tip, and right small tip are intact. The utilization review denied the request on 12/03/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

SHOCK WAVE 1 X 3 FOR THE LUMBAR SPINE: 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) - Low Back - Shock Wave Therapy.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Shock Wave Therapy For Lumbar Spine.

Decision rationale: The MTUS and ACOEM Guidelines are silent with regards to this request. However, the Official Disability Guidelines (ODG) on shockwave therapy states, "Not recommended. The available evidence does not support the effectiveness of ultrasound or shockwave for treating LBP. In the absence of such evidence, the clinical use of these forms of treatment is not justified and should be discouraged." The records show that the patient received a total of 3 ESWT in 2013. In this case, guidelines do not support the use of shockwave therapy for the treatment of low back pain. Therefore the request for shock wave therapy once a week for three weeks for the lumbar spine is not medically necessary and appropriate.

ACUPUNCTURE 2 X 6 FOR THE CERVICAL SPINE: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The MTUS Guidelines for acupuncture states that it is used as an option when pain medication is reduced or not tolerated and it may be used as an adjunct physical rehabilitation and/or surgical intervention to hasten functional recovery. In addition, MTUS states that an initial trial of 3 to 6 visits is recommended. Furthermore, treatments may be extended if functional improvement is documented. In this case, the medical records do not show any previous acupuncture therapy sessions for the cervical spine. Furthermore, the patient can benefit from a short course of acupuncture therapy; however, the requested 12 visits exceed the recommended 3 to 6 initial visits. Therefore, the request for acupuncture twice a week for six weeks for the cervical spine is not medically necessary and appropriate.

ACUPUNCTURE 2X6 FOR THE LUMBAR SPINE: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The MTUS Guidelines for acupuncture states that it is used as an option when pain medication is reduced or not tolerated and it may be used as an adjunct physical rehabilitation and/or surgical intervention to hasten functional recovery. In addition, MTUS states that an initial trial of 3 to 6 visits is recommended. Furthermore, treatments may be extended if functional improvement is documented. The review of records does not show any previous acupuncture therapy sessions for the lumbar spine. Given that the patient has not trialed acupuncture previously, a short course may be beneficial. However, the requested 12 sessions exceeds MTUS recommended 3 to 6 initial visits. Therefore, the request for acupuncture twice a week for six weeks for the lumbar spine is not medically necessary and appropriate.